DOCUMENT RESUME

ED 294 112 CG 020 778

TITLE	Nutrition & Adolescent Pregnancy: A Selected Annotated Bibliography.
INSTITUTION	Health Resources and Services Administration (DHHS/PHS), Rockville, MD. Office for Maternal and Child Health Services.; March of Dimes Birth Defects Foundation, Washington, D.C.; National Agricultural Library (DOA), Washington, D.C.
PUB DATE	86
NOTE	108p.
AVAILABLE FROM	National MCH Clearinghouse, 38th and R Streets, N.W., Washington, DC 20057.
PUB TYPE	Reference Materials - Bibliographies (131) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*Adolescents; Annotated Bibliographies; Counseling Techniques; *Early Parenthood; Females; Infants; Instructional Materials; *Nutrition; *Parent Education; *Pregnancy; Prenatal Influences

ABSTRACT

This annotated bibliography on nutrition and adolescent pregnancy is intended to be a source of technical assistance for nurses, nutritionists, physicians, educators, social workers, and other personnel concerned with improving the health of teenage mothers and their babies. It is divided into two major sections. The first section lists selected articles and books to help providers develop or update their own knowledge base and skills. Subdivided into 15 topical areas, it includes physiological, psychosocial, and nutritional aspects of adolescent pregnancy, as well as assessment and counseling techniques and model service programs. Citations are primarily limited to peer-review journals and books published in North America, the majority of which were published between 1980 and 1985. Some earlier references are included for better understanding of recent literature or for their historical significance. The second section provides abstracts of educational materials that can be used by providers in educating and counseling pregnant adolescents. Cost and ordering information is provided for each entry. The materials are arranged in four categories: Teaching Tools for Nutritional Counseling, Self-Instructional Handouts, Posters and Films, and Curricula and Resource Manuals. Questionnaires and an evaluation tool are appended. (NB)

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Nutrition & Adolescent Pregnancy

A Selected Annotated Bibliography

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PREFACE

Each day in the United States about 1300 babies are born to teenage mothers. Although birth rates for all teens, except those under age 15 years, have dropped since 1970, women 19 years and younger gave birth to almost half a million babies in 1983. While adolescent pregnancy occurs in all segments of the population, it disproportionately affects those in poverty. Teens are most likely to have complications of pregnancy and delivery. Their babies are more likely to be born at low birthweight, and these tiny babies are 20 times more likely to die than babies born at normal weight. Pregnant adolescents and their babies are at higher nutritional, health, social, and educational risk than the general population and, therefore, are in need of comprehensive care.

In response to this serious national problem of teen pregnancy, many efforts have been implemented in the public sector--by health, social service, and education agencies, and in the private sector--by foundations and voluntary organizations, to provide comprehensive services, often through an interdisciplinary team approach. Such efforts are taking place at the national, state, and local levels.

Nutrition & Adolescent Pregnancy: A Selected Annotated Bibliography represents a joint effort of the public and private sectors--the Department of Health and Human Services (DHHS), the U.S. Department of Agriculture (USDA), and the March of Dimes Birth Defects Foundation. It is intended to be a source of technical assistance for nurses, nutritionists, physicians, educators, social workers, and other personnel concerned with improving the health of teenage mothers and their babies.

This bibliography is the latest in a series of materials developed through the joint efforts of the USDA, the DHHS, and the March of Dimes on the topic of nutrition in adolescent pregnancy. Other items in this series include: "Working with the Pregnant Teenager: A Guide for Nutrition Educators", published in 1981 and "Food for the Teenager During and After Pregnancy", a booklet for adolescents, published in 1982.

ACKNOWLEDGEMENTS

Nutrition & Adolescent Pregnancy: A Selected Annotated Bibliography represents the combined efforts of many individuals. It was initiated by Vince L. Hutchins, M.D., and Elizabeth Brannon, M.S., R.D., Division of Maternal and Child Health, Public Health Service, Department of Health and Human Services (DHHS); Robyn Frank, M.L.S., Food and Nutrition Information Center, National Agricultural Library, U.S. Department of Agriculture; and Mary Hughes, Ph.D., R.D., March of Dimes Birth Defects Foundation.

It was developed in three phases. The DHHS took the lead during the first phase, which included convening a planning committee of representatives of public and private supported national, state, and local health programs (see page iii); identifying resources with potential for inclusion; and evaluating the resources according to selection criteria. This was accomplished by Mary Story, Ph.D., R.D., and Elizabeth MacNamera, M.S., R.D., through a grant to the Adolescent Health Training Program, University of Minnesota.

The second phase involved compiling annotations for the selected resources. This task was completed by the staff of the Food and Nutrition Information Center: Donald L. Blamberg, Ph.D., Carolyn C. Costa, Jane Devane-Bell, B.A., Alyson J. Escobar, M.S., R.D., Holly Berry Irving, M.S., R.D., Antigone P. Letsou, B.S., R.D., Maureen Malone, M.L.S., Leilani S. Price, M.S., and Walter L. Zielinski, Jr., Ph.D.

The third phase, involving design and printing of the publication, was handled and supported by the March of Dimes.

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INTRODUCTION

The publication of Nutrition & Adolescent Pregnancy: A Selected Annotated Bibliography is based on the underlying premise that the pregnant woman's nutritional status is one of the most important environmental factors affecting not only her health, but also the health of her baby. Poor nutritional status is associated with suboptimal pregnancy outcome. Both energy and nutrient requirements are increased significantly during pregnancy. The pregnant adolescent is considered to be at greater nutritional risk than the adult woman because of the physical, physiological, and psychosocial demands of adolescent growth and maturation, and because diets of teenagers are often inadequate due to poor food choices, missed meals, or a desire to be thin.

For most providers, pregnant teens represent only a small portion of the population they serve, although some work in specialized programs which deal with teenagers exclusively. Working with pregnant adolescents is a somewhat different challenge from working with pregnant adult women. Providers need information to assist them to develop and maintain their competence in providing comprehensive health services for pregnant adolescents. References related to nutrition in adolescent pregnancy are increasing, but they are scattered throughout many different journals and books. Some excellent nutrition education materials for use with pregnant teenagers have been developed by various agencies and organizations across the United States, but many of these materials have not been publicized and, therefore, have remained unknown. This resource guide was developed to facilitate access to relevant references and educational materials that can help to improve the quality of care given to pregnant teens.

This annotated bibliography is a guide to resources on topics related to nutrition and adolescent pregnancy. It is intended for providers of service to pregnant adolescents, primarily health professionals and educators. The resource guide is divided into two major sections. The first section lists selected articles and books to help providers develop or update their own knowledge base and skills. Subdivided into 15 topical areas, it includes physiological, psychosocial, and nutrition aspects of adolescent pregnancy, as well as assessment and counseling techniques and model service programs. The intent was not to provide an exhaustive review of the literature, but rather to present a representative core of carefully selected key references, especially review articles, which would provide professionals with a better understanding of current research and issues in the area of nutrition and adolescent pregnancy. The citations are primarily limited to peer-review journals and books published in North America, the majority of which were published during the years 1980-1985. Some earlier references were included for better understanding of recent literature or for their historical significance.

The second section of the guide provides abstracts of educational materials that can be used by providers in educating and counseling pregnant adolescents. Cost and ordering information is provided for each entry. The materials are arranged in four categories: Teaching Tools for Nutritional Counseling, Self-Instructional Handouts, Posters/Films, and Curricula/Resource Manuals.

Three items are included without abstracts. They are of the same quality as the other resources, however, in order to produce this volume in a timely manner, they appear as shown. Information about their content can be obtained from the publisher.

PLANNING

The development of this bibliography was a systematic process. Initially, a planning committee consisting of 22 individuals representing a variety of programs serving pregnant adolescents across the United States met in Rockville, Maryland, to provide direction with regard to defining the target audience, identifying topics to be covered, determining strategies to identify potential references/materials, and specifying criteria for selecting those items to be included in the bibliography. From this meeting a clear purpose and plan were developed.

IDENTIFICATION OF NUTRITION RESOURCES

Identifying and selecting the references and materials for inclusion in the bibliography was a major task. Since the bibliography was not intended to be an exhaustive review of the literature, it was decided to conduct a mail survey of health professionals who work with pregnant teens. For each topical area, respondents were asked to cite the resources that they considered to be the best, most informative, and useful for the intended audience. A second survey form requested information on the nutrition education materials respondents currently use with pregnant teens, and copies of any original materials developed by their agencies.

The questionnaires were mailed to the Adolescent Health Training Programs supported by the Division of Maternal and Child Health; the Robert Wood Johnson Foundation's Consolidated Services for High Risk Young People projects; the March of Dimes' Adolescent Pregnancy Programs; the Adolescent Family Life Projects of the Office of Adolescent Pregnancy Programs; State Health Departments; State WIC agencies; State Cooperative Extension offices; and Adolescent Medicine Divisions in Pediatrics Departments of Schools of Medicine. Copies of the questionnaires are included in Appendix A.

SELECTION AND EVALUATION

Nutrition References

The responses to the survey were compiled and showed that frequently the articles were recommended by several respondents. All articles were reviewed, and content was described as follows:

Basic: Fundamental information, written on a level understandable to nonprofessionals
Technical: Specialized, scientific, detailed information of the subject area
Practical: Applied information or guidelines which clinicians or educators can put into practice

In addition, a thorough literature search was conducted to identify more recent articles and books. A draft of the bibliography of nutrition references was sent to the planning committee members, who suggested additions and deletions. The bibliography was revised and sent to the planning committee for a second review.

Nutrition Education Materials

A multi-assessment procedure was used for screening all nutrition education materials submitted. First, regardless of the excellence of an item, if it could not be made available on a nationwide basis, it was eliminated. All materials were reviewed and evaluated using an evaluation tool (see Appendix B) which was adapted from one used by the Food and Nutrition Information Center, USDA, for its Nutrition Education Resource Guide, 1982. The objective rating began with an assessment of the format, readability, and content. If the content was determined to be inaccurate or inadequate, or if it was not applicable to adolescents, the material was eliminated. If content and style were determined to be adequate, the evaluation worksheet was completed. Three or more poor ratings for a publication disqualified it for inclusion. The evaluation process was completed by two nutritionists, both of whom are Registered Dietitians, have experience in nutrition education, and work with pregnant teenagers. Before finalization, a list of the selected nutrition education materials was sent to all members of the planning committee for review.

OVERVIEW OF TEENAGE PREGNANCY

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1 **Adolescent Perinatal Health: A Guidebook for Services.**
Task Force on Adolescent Pregnancy, American College of Obstetricians and Gynecologists.

FORMAT: Booklet; Practical, Basic

SOURCE: Chicago: ACOG, 1979

ABSTRACT: A guidebook to inform physicians and their patients is presented which recognizes the need to reduce the risks and consequences of adolescent pregnancy. Although the physical health of the mother and child is important, obstetrical care must also provide support services which aid the adolescent in dealing with the psychological and social problems accompanying childbirth. Early entry into prenatal care is recommended to prevent poor obstetrical outcomes and unhealthy infants. Open discussion of teenage sexual activity and contraceptive use is encouraged. An entire system of community services should be made available to prevent unwanted adolescent pregnancy and provide perinatal health care which considers the current and future well-being of the patient. Topics include: causes of adolescent sexual behavior; professional awareness; adolescent reproductive care; nutrition and drug abuse; and education and counseling.

DESCRIPTORS: Pregnant adolescents, Pregnancy, Prenatal education, Community health services, Patient education, Health needs, Psychological aspects, Social problems, Sexual health, Prenatal nutrition

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2 **Adolescent Pregnancy and Childbearing: New Data, New Challenges.**
McAnarney, E. R.

FORMAT: Article; Technical

SOURCE: Pediatrics, 75(5):973-975, May 1985

ABSTRACT: Three major consequences of adolescent childbearing--low birth weight, adolescent mothering, and financial dependence of adolescent mothers--are considered. Adolescent mothers have more than twice the incidence of low birth weight infants (2500 grams or less) than women 20-29 years of age. A combination of poor maternal health habits and sociodemographic characteristics is thought to contribute to the higher incidence of low birth weight infants. The adolescent's mothering ability is a reflection of her education, support system, experience, knowledge of childrearing, and age. It is not known how adolescents receiving financial assistance differ from older women in either how long they remain on assistance or the pattern of assistance received over time. Preliminary data suggest that adolescent mothers enter the welfare system at an earlier age and leave the system sooner than women of similar socioeconomic status who have children after the age of 20. These consequences of adolescent childrearing provide a number of challenges for intervention programs. The ultimate goal is to reduce the number of children born to adolescent mothers. For adolescents who have children, goals should focus on: 1) decreasing morbidity and mortality associated with low birth weight, 2) optimizing the adolescent's mothering skills and her child's development, and 3) assisting the young mother in completing her education and attaining financial independence.

DESCRIPTORS: Adolescents, Mothers, Low birth weight infants, Mothering ability, Economic factors, Federal aid, Intervention

3 **Adolescent Pregnancy and Childbearing: What We Have Learned in a Decade and What Remains to Be Learned.**
McAnarney Elizabeth R. and Thiede, Henry A.

FORMAT: Article; Technical

SOURCE: Seminars in Perinatology, 5(1):91-103, January 1981

ABSTRACT: Research findings of the past 10 years are reviewed with respect to specific intrinsic patient factors and maternal age relative to increased risks during adolescent pregnancy. These factors include the importance of the married vs. the unwed state, and the influence of race and socioeconomic and educational levels. They related to age levels during adolescence, age at menarche, poor health habits (cigarettes, alcohol), and the area of gravest morbidity: psychosocial influences. Comprehensive obstetric and psychosocial care programs for pregnant adolescents and their families are also discussed. Perceived research, service, and training needs are identified.

DESCRIPTORS: Pregnant adolescents, Pregnant women, Risks, Socioeconomic status, Morbidity, Behavior, Literature reviews

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4 **Adolescent Pregnancy: A Combined Obstetric and Pediatric Management Approach.**
Miller, Kimball A. and Field, Charles S.

FORMAT: Article; Technical, Practical

SOURCE: Mayo Clinic Proc, 59:(5)311-317, May 1984

ABSTRACT: Currently available demographic data concerning adolescent pregnancy are reviewed with respect to current approaches to intervention programs aimed at ensuring a stable environment and optimal development for the teenage mother and her child. Topics include: adolescent sexual behavior changes; maternal and infant risks and socioeconomic risk factors associated with teenage pregnancy; and the requisite components of a comprehensive obstetric care program for pregnant teenagers (nutritional requirements, avoidance of drugs, tobacco, and alcohol, and obstetric follow-up). The rationale and aspects of a continuity-care pediatric program for prenatal counseling and comprehensive pediatric care for the infant of the adolescent mother are also discussed.

DESCRIPTORS: Pregnant adolescents, Obstetrics, Pediatricians, Behavior, Socioeconomic status, Health care, Nutritional requirements, Health promotion, Health protection, Literature reviews

5 **Adolescent Pregnancy: Perspective for the Health Professional.**
Smith, Peggy B. and Mumford, David M., Eds.

FORMAT: Book; Practical, Technical

SOURCE: Boston: G.K. Hall, 1980

ABSTRACT: A cross sectional approach to the problems of pregnancy in adolescence is the result of a compilation of papers from medical doctors, psychiatrists, sociologists and program administrators. The intent is to provide basic information, present new approaches, stimulate interest, and dispel misconceptions concerning all aspects of teenage pregnancy. Health risks are discussed, such as venereal disease and abortion; legal and ethical issues are raised; sex education and parenting education for adolescents are described; and the psychosocial impacts of childbearing on the individual and society are addressed. A comprehensive attack on the problems can only be mounted by cooperative effort to educate people better and provide better support services.

DESCRIPTORS: Pregnant adolescents, Psychological aspects, Health hazards, Social problems, Sexual development, Education, Family life education, Abortions, Family planning, Counseling, Life sciences

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6 **Mitigating the Adverse Effects of Early Parenthood.**
Osofsky, Harold J.

FORMAT: Article; Technical, Practical

SOURCE: Contemporary Ob-Gyn, 25(1):57-59, 65, 68, January 1985

ABSTRACT: Unwanted pregnancies among adolescents in the United States is a major problem that appears to be increasing. Obstetricians caring for pregnant teens may benefit from an increased awareness of considerations important to adolescent sexuality. Teenage mothers seem to be at higher risk than older women for anemia, urinary tract infections, preeclampsia, abruptio placentae, pregnancy-induced hypertension, labor and delivery complications, prematurity, small-for-gestational-age infants, and perinatal mortality. Adapting to pregnancy and parenthood is difficult for the adolescent who, in addition to her new responsibilities, may also be coping with a lack of parental support, a strained or nonexistent relationship with the baby's father, and lacking community and/or government support services. Infants born to adolescent mothers have higher incidences of infection, medical complications, and death than those of older women. Physical and cognitive development may also be affected. Obstetricians and health professionals working with adolescents should be sure to instruct them on the essentials of an adequate diet, evaluating each patient's dietary history and nutritional requirements when possible. Improving medical, educational, and nutritional conditions and providing a more consistently supportive social environment are key steps in alleviating many of the risks associated with teenage pregnancy and motherhood.

DESCRIPTORS: Adolescents, Pregnancy, Parenthood, Responsibilities, Medical treatment, Diet counseling

7 **Overview of Incidence, Risks, and Consequences of Adolescent Pregnancy and Childbearing.**
Stickle, Gabriel.

FORMAT: Article; Technical

SOURCE: Birth Defects, 17(3):5-17, 1981

ABSTRACT: An overview article on teenage pregnancy discusses the statistics of adolescent pregnancy, medical and non-medical pregnancy risks in adolescents, the etiology of sexuality and pregnancy during adolescence, and positive intervention strategies (including relevent legislation) for reducing teenage pregnancy incidence. Medical risks include inadequate medical care, which correlates directly with decreasing adolescent age and low infant birth weight. Non-medical risks include the economic impact of early parenthood, psychological stress, and family instability. Intervention strategies include the application of guidelines that address the specific health, educational, and psychosocial aspects of the teenage pregnancy problem.

DESCRIPTORS: Pregnant adolescents, Risks, Low birth weight infants, Social status, Behavior, Policy, Literature reviews

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8 **Pregnancy and Childbearing During Adolescence: Research Priorities for the 1980's.**
McAnarney, Elizabeth R. and Stickle, Gabriel.

FORMAT: Article; Technical

SOURCE: Birth Defects, 17(3):1-169, 1981

ABSTRACT: The proceedings of a 1980 conference on research needs in adolescent pregnancy and childbearing presents 12 papers for adolescent health care professionals. Topics include: incidence, risks, and consequences; adolescent sexual activity; pregnancy prevention; obstetric and neonatal consequences; nutritional risks during adolescent pregnancy; biological aspects; associations between gynecological age and neonatal outcome; social consequences; interactions between teenage mothers and their infants; child abuse and neglect; programs for adolescents and their utility; and the effect of Title VI funding on adolescent pregnancy. A summary of identified research priorities is appended.

DESCRIPTORS: Reference works, Pregnant adolescents, Childbearing practices, Risks, Health promotion, Educational programs, Conferences

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9 **The Pregnant Adolescent.**
Hollingsworth, D.R.

FORMAT: Book; Technical

SOURCE: Adolescent Obstetrics and Gynecology, Kreutner, A.K. and Hollingsworth, E.R., Eds., Chicago: Yearbook Publishers, 67-77, 1978

ABSTRACT: A literature review discusses the growth of the U.S. teenage population, the incidence of teenage pregnancy relative to age, teenage sexual mores, factors that have promoted teenage pregnancy, the influence of environmental and other (educational and income level, abortion availability) factors, and demographic data and characteristics of teenage fathers. The review concludes that pregnant teenagers can no longer be stereotyped as emotionally disturbed, hostile, of low intelligence or low socioeconomic status. Current data indicate that the age of first pregnancy has dropped with younger age at menarche and that the infant's parents usually have a close relationship at conception. Cultural and religious factors, however, exert a strong influence on teenage sexual and reproductive behavior.

DESCRIPTORS: Pregnant adolescents, Pregnant women, Abortion, Environmental factors, Behavior, Literature reviews

10 **Premature Adolescent Pregnancy and Parenthood.**
McAnarney, E.

FORMAT: Book; Technical

SOURCE: New York: Grune and Stratton, 1983

ABSTRACT: To assist in its prevention and management, this book compiles knowledge of the origin, process, and outcomes of adolescent pregnancy. Recognizing that pregnancy among adolescents has risen to record levels, this compilation addresses several facets of this situation: sexual activity, prevention, biology/childbearing, psychological aspects, and parenthood. Within these topics are such sub-topics as: contraceptive reviews, nutritional risks, infectious diseases, obstetric risk, adolescent fathers, abortion, and birth alternatives. Graphs, tables, and extensive bibliographies are included.

DESCRIPTORS: Reference works, Professional education, Pregnant adolescents, Parenthood, Sexual behavior, Psychological factors, Abortion, Health care, Contraceptives

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11 **Second Pregnancies to Premaritally Pregnant Teenagers, 1976 and 1971.**
Zelnik, Melvin.

FORMAT: Article; Technical

SOURCE: Fam Plan Perspect, 12(2):69-76, March/April 1980

ABSTRACT: The probability and timing of second pregnancies in young women who had premarital first pregnancies as teenagers is examined. White girls who were at least 16 years old at outcome of an aborted first premarital pregnancy showed a marked decline in repeat pregnancy risk for the 24 months following the abortion. White girls 15 years old or younger at delivery or stillbirth of first pregnancy evidenced lesser declines, while black girls showed essentially no change. These results indicated a more effective use of contraception among older white girls. Increased use of contraception also was indicated for married teenagers. The survey data, obtained on the same subjects in 1971 and 1976, are summarized and discussed.

DESCRIPTORS: Pregnant adolescents, Pregnant women, Adolescents, Pregnancy, Marriage age, Longitudinal studies, Ethnic groups, Blacks

12 **Statement on Teenage Pregnancy.**
American Academy of Pediatrics, Committee on Adolescence.

FORMAT: Article; Technical, Basic

SOURCE: Pediatrics, 63(5):795-797, May 1979

ABSTRACT: Teenage pregnancy is a contemporary societal issue requiring open discussion, health care personnel training, health education, and research. Sexual intercourse among single teenage girls has become more prevalent since the early 1900's; teenagers in all segments of society are becoming more sexually active at an earlier age. Contraceptive measures among adolescents are sporadic at best. Out-of-wedlock births increased among teenagers from 1960-1974 while declining among other age groups. Two major complications of teenage pregnancy related to age are preeclampsia and a high number of low birth weight infants. The younger the mother, the greater the risk of health-associated consequences of pregnancy, low birth weight infants, and subsequent abnormal child development. Emotional and psychosocial problems are often encountered by the pregnant adolescent.

DESCRIPTORS: Pregnant adolescents, Pregnancy, Adolescents, Sexual development, Contraception, Health education, Low birth weight infants, Psychological aspects, Child development

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13 **Teenage Pregnancy.**
Block, Robert W., Saltzman, Steven, and Block, Sharon A.

FORMAT: Article; Technical

SOURCE: Adv Pediatrics, 28:75-98, 1981

ABSTRACT: A detailed review examines various aspects of teenage pregnancy, including: the scope of the problem (based on an Oklahoma study); sociological and physical characteristics of the pregnant teenager; obstetric complications; eating habits and nutritional risks; options available to pregnant teenagers; and mechanisms for reducing the incidence of teenage pregnancy. Factors linked to teenage pregnancy include early physical maturation, peer pressure, drug abuse, and societal influences (permissiveness encouraged by movies, TV, singing stars, single parenthood, lack of family interaction, availability of contraceptive techniques). Teenage pregnancy has been associated with increased maternal and perinatal complications. Factors related to nutritional risk include low prepregnancy weight, insufficient weight gain, obesity, existing medical complications, dietary faddism, pica, low income or ethnic variances, and adolescent rebellious behaviors that influence dietary intake. Requirements for protein and various vitamins and minerals also are reviewed.

DESCRIPTORS: Pregnant adolescents, Risks, Nutrient efficiencies, Behavior, Social status, Nutrient requirements, Literature reviews

14 **Teenage Pregnancy: The Problem That Hasn't Gone Away.** Alan Guttmacher Institute.

FORMAT: Book; Basic

SOURCE: New York: The Alan Guttmacher Institute, 1981

ABSTRACT: Results of recent research into the various aspects of the problem of teenage pregnancy in the U.S. are presented. Information is provided to help clarify the nature of the problem, what is presently being done to solve it, needs that still are not being met, and the kinds of efforts required to meet them. Sections of the report address: 1) sexual activity and marriage, 2) contraceptive use, 3) teenage pregnancy and its resolution, 4) adolescent births, 5) consequences of teenage childbearing, 6) sex education, 7) family planning services and contraceptive research, 8) abortion services, and 9) services for pregnant teenagers, adolescent parents and their babies. Statistical data are presented in more than 60 color figures; current trends are identified and possible explanations are explored. Components of a comprehensive, national program proposed to deal with the adolescent pregnancy problem include: realistic sex education; an expanded network of preventive family planning services; unbiased pregnancy counseling services; equal availability and accessibility of legal abortion services; adequate prenatal, obstetric, and pediatric care for teenage mothers and their children; educational, employment, and social services for adolescent parents; coverage by national health insurance of all health services related to teenage pregnancy and childbearing; and expansion of biomedical research to develop new safe and effective contraceptives more appropriate to the needs of young people. Figures are referenced in source notes following the report.

DESCRIPTORS: Reference works, Pregnant adolescents, Pregnancy, Contraception, Abortion, Sexual behavior, Sex education, Family planning, Counseling, National surveys

PHYSICAL MATURATION AND PSYCHOSOCIAL DEVELOPMENT OF ADOLESCENCE

15 **The Adolescent Girl in Conflict.**
Konopka, Gisela.

FORMAT: Book; Practical, Technical

SOURCE: Englewood Cliffs: Prentice-Hall, Inc., 1966

ABSTRACT: Problems specific to adolescent girls that may ultimately lead to delinquent behavior are explored in this study funded by the National Institute of Mental Health. Components of the adolescent's cultural environment that were examined include: their values, goals, attitudes toward adults, emotional relationships with peers, volunteer group associations, impact on related group structures, outlets for inner drives, and self-image. A major objective of the study was to help improve methods for the care and treatment of disturbed and delinquent girls; special emphasis was given to the social group work method. Theories regarding delinquent behavior are examined. Additonal topics include: 1) the psychological development of girls contributing to loneliness, 2) the meaning of physical maturity, 3) the impact of cultural change on women's position, 4) ways to deal with loneliness, and 5) the role of poor self-image in delinquent behavior. Recommendations based on study results include: 1) a new approach to services for unmarried mothers, 2) a re-evaluation of the status of women, 3) a re-examination of youth services, and 4) a re-shaping of delinquency services. Selected group discussions with study participants are presented in an appendix. A bibliography and subject index are included.

DESCRIPTORS: Reference works, Adolescent development, Women, Delinquent behavior, Treatment, Cultural influences, Psychological factors, Self concept

16 **Assessing Adolescent Development.**
Brown, Robert T.

FORMAT: Article; Practical, Technical

SOURCE: Ped Annals, 7(9):16-36, September 1978

ABSTRACT: Important factors and guidelines are summarized to aid pediatricians in evaluating the biological and psychological development of adolescent patients. Standardized classification ratings are given to assess the genital maturity stages of boys and sex maturity stages of girls. In contrast, explicit methods for assessing cognitive development are lacking; in lieu of this, a stage-dependent theory of cognitive development is discussed. An adolescent's progress towards psychosocial maturity can be assessed by evaluating his/her degree of: (1) physical and emotional separation from parents; (2) the establishment of realistic vocational goals; (3) a mature sexuality; and (4) the establishment of a firm ego identity. Normal development attributes of the middle adolescent (ages 15-16 years) are discussed.

DESCRIPTORS: Sexual maturity, Adolescents, Boys, Girls, Developmental stages, Evaluation, Guidelines, Literature reviews

17 **The Biology of Adolescence.**
Katchadourian, H.

FORMAT: Book; Practical

SOURCE: San Francisco: W. H. Freeman and Company, 1977

ABSTRACT: Abstract not obtainable, see the Introduction.

DESCRIPTORS:

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18 **Body Composition in Adolescence.**
Forbes, Gilbert B.

FORMAT: Article; Technical

SOURCE: Prog Clin Biol Res, 61:55-72, 1981

ABSTRACT: Methods for assessing body composition, and the results of their application to adolescents are discussed. These methods include: mean total body density, isotope dilution, potassium-40, anthropometry, roentgenometry, photon beam attenuation, and computer-assisted tomography. Data obtained from the use of such methods on adolescent girls and boys are presented and discussed with respect to: lean body mass growth with age; body calcium changes; body weight and composition relative to the Frisch hypothesis concerning menarche; and the effects of pregnancy, obesity, and physical exercise. Data on the increments of various body elements (N, Ca, Mg, Zn, Fe) during adolescence based on an average lean body mass increase also are summarized.

DESCRIPTORS: Body composition, Body density, Adolescents, Body lean mass, Calcium, Body weight, Body measurements, Nutritional state, Analytical methods, Literature reviews

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19 **Growth and Maturation During Adolescence.**
Tanner, James M.

FORMAT: Article; Technical

SOURCE: Nutr Rev 39(2):43-55, February 1981

ABSTRACT: Factors influencing growth and maturation during adolescence are reviewed and discussed. Specific attention is given to: differences in body size and shape between males and females; development of the reproductive system as a function of age; development of strength, exercise tolerance, and other physiological functions with age; individual variability in the age at which physiological maturity is attained; relations between different measures of maturity; the secular trend of the increased size of children and their more rapid attainment of maturity over the past century; and the potential link between physical maturation and intellectual and emotional development. Data on the mean ages of menarche in numerous countries around the world are included.

DESCRIPTORS: Adolescents, Child development, Maturity, Growth rate, Menarche, Growth period, Literature reviews

20 **Late Adolescent Growth in Stature.**
Roche, Alex F. and Davila, Gail H.

FORMAT: Article; Technical

SOURCE: Pediatrics, 50(6):874-880, December 1972

ABSTRACT: A study employing regression analysis examined growth stature data obtained from serial measurements of 194 children from birth up to at least age 22. Stature increases ceased at median ages of 21.2 and 17.3 years for boys and girls, respectively. Median stature increases from point of femur or tibia maturation until cessation of stature growth, were about 1.0 cm. in both girls and boys, but, median stature increases, from age 16 to last stature (up to 28 years in boys), were almost 3-fold that in girls (2.8 vs. 1.1 cm.). The study results also indicated growth variability in children, with some growing considerably after age 18 and some growing in spurts after intervals of slow growth.

DESCRIPTORS: Growth analysis, Developmental stages, Children, Boys, Girls, Growth curve, Longitudinal studies

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21 **Physical Growth and Development During Puberty.**
Barnes, H. Verdain.

FORMAT: Article; Technical

SOURCE: Medical Clinics of N Amer, 59(6): 1305-1317, November 1975

ABSTRACT: A technical overview focuses on critical changes in body composition, linear growth, weight gain, and secondary sexual development during puberty. Lean and non-lean body mass increases two-fold during puberty, including skeletal mass and the size of various organs (heart, lungs, liver, spleen, kidneys, pancreas, thyroid, adrenals, gonads, phallus, and uterus). Males and females achieve their final 20-25% of linear growth during puberty, and gain about 50% of their ideal adult body weight. In males, the testes, epididymides, and prostate increase seven-fold or more during puberty, while breasts and pubic hair have an orderly but not necessarily coincidental development in females. The mean age of menarche in British and U.S. girls is 13.5 and 12.7 years, respectively, and occurs about the time of maximum linear growth deceleration following peak height velocity.

DESCRIPTORS: Puberty, Adolescents, Boys, Girls, Sexual maturity, Developmental stages, Menarche, Literature reviews, Growth stages, Body parts, Body lean mass, Body weight

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22 **Pregnancy in the Teenager: Biologic Aspects.**
Forbes, Gilbert B.

FORMAT: Article; Technical

SOURCE: Birth Defects, 17(3):85-90, 1981

ABSTRACT: Data are presented that strongly suggest that teenage pregnancy risk is not biological in nature, showing that the postmenarcheal phase of the adolescent growth spurt is relatively small and that, from purely biological considerations, the pregnant teenager should be able to achieve a satisfactory term birth under circumstances equivalent to older females. Data are presented for: body weight and lean body mass (LBM) of teenagers vs. age; mean height and weight at menarche vs. age at menarche; and bi-iliac diameter and LBM for teenage girls vs. the differences between age at measurement and menarcheal age. Situations in which nutritional considerations assume great importance for pregnant teenage girls also are discussed.

DESCRIPTORS: Pregnant adolescents, Risks, Prenatal period, Menarche, Body weight, Nutritional state, Literature reviews

23 **Young Girls: A Portrait of Adolescence.**
Konopka, Gisela.

FORMAT: Article; Technical, Practical

SOURCE: Child and Youth Services, 6(3/4):1-176

ABSTRACT: Understanding adolescent girls 12-18 years of age, representative of various economic strata, all major U.S. locales, institutionalized/youth group affiliated, and noninstitutionalized/unaffiliated is the purpose of this sociological text. Interviews, group discussions, written communications, surveys of relevant popular books, a questionnaire of 6,000 4-H members, and the author's years of experience with adolescent girls provide data on their attitudes on career choices, marriage, children, sex education, generation gaps, politics and other topics relevant to the life of this population. Summaries and bibliographies accompany each chapter.

DESCRIPTORS: Reference works, Health education, Post secondary education, Adolescents, Girls, Attitudes, Sexual behavior, Substance abuse, Youth programs, Teaching materials

PHYSICAL/PSYCHOSOCIAL ASPECTS OF TEENAGE PREGNANCY

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24 **Adolescent Mothers and Their Infants.**
McAnarney, Elizabeth R., Lawrence, Ruth A., and Aten, Marilyn J.

FORMAT: Article; Technical

SOURCE: Pediatrics, 73(3):358-362, March 1984

ABSTRACT: A videotaped study evaluated the possible association between adolescent maternal age and mothering behavior, and assessed individual maternal behaviors in adolescent mothers during the 3-day period following delivery. The study was unable to detect any relationship between maternal age and maternal behaviors, raising questions about the commonly held beliefs that adolescents are poor mothers because of their age. Statistical summaries of the survey findings involving 23 maternal behaviors are presented and discussed.

DESCRIPTORS: Pregnant adolescents, Maternal behavior, Infants, Psychological factors, Socioeconomic status, Ethnic groups

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25 **The Adolescent Parent: A Dual Developmental Crisis.**
Sadler, Lois Siebert and Catrone, Constance.

FORMAT: Article; Technical

SOURCE: J Adol Health Care, 4(2):100-105, June 1983

ABSTRACT: Specific developmental tasks of adolescence may conflict with the tasks of early parenthood. This "developmental crisis" is examined by contrasting the salient developmental characteristics of adolescents and beginning parents. A conceptual model contrasts the demands of adolescence with those of parenthood and the application of this model as a tool to aid health care providers who work with adolescent parents is discussed. The developmental approach to adolescent parenthood serves to highlight the social, psychological, interpersonal, and cognitive issues.

DESCRIPTORS: Pregnant adolescents, Parenthood, Development studies, Self esteem, Social status, Literature reviews

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26 **Adolescent Pregnancy: Biobehavioral Determinants of Outcome.**
Zuckerman, Barry S., Walker, Deborah K., and Frank, Deborah A.

FORMAT: Article; Technical

SOURCE: J Pediatrics, 105(6):857-863, December 1984

ABSTRACT: A literature review addresses biologic, social, and behavioral factors that mediate (or modify) medical and social risks in adolescent pregnancy. Areas examined include: the effect of research designs; neonatal mortality and morbidity, infant growth, and maternal and infant health; social and developmental outcomes for the mother and infant; and the protective factors of family support and intervention approaches. It is concluded that the consequences of adolescent pregnancy in the U.S. society only can be understood in a social and behavioral context, and that there appear to be no intrinsic biological barriers to successful perinatal outcomes for both the infant and the mother.

DESCRIPTORS: Pregnancy, Adolescents, Risks, Mothers, Infants, Mortality, Morbidity, Social behavior, Literature reviews

27 **Adolescent Sexual Decision-Making: Contraception, Pregnancy, Abortion, Motherhood.**
Blum, Robert W. and Resnick, Michael D.

FORMAT: Article; Technical

SOURCE: Ped Annals, 11(10):797-805, October 1982

ABSTRACT: Contraception, pregnancy, abortion, and parenting were the options explored in this study of 206 sexually active adolescent females between the ages of 15 and 18 years. The authors were attempting to define the contribution of developmental parameters to adolescent sexual decision-making. The study focused on six developmental factors: ego development; focus of control; future time perspective; moral development; sex role specialization; and irrational beliefs. All subjects were asked to complete 6 paper and pencil tasks, followed by an interview of 60-90 minutes which focused on critical incidents of sexual decision-making, together with associated family and peer pressure. Aborters (24%) were found to have the most developed future time perspective, lowest need for external approval, and lowest dependency needs. Teen mothers, those with one or more children at the time of the study (23%) had the least developed conceptualization of the future, the highest level of anxiety and rumination, most external focus of control, and the most traditional ideas of female sex roles. Contraceptors (29%), when compared with non-contraceptors, showed higher future time perspective, more internal focus of control, higher levels of ego development, and more modern sex role orientation. However, these factors were less strong than those seen in aborters. Pregnancy was found to be a transitional state with no distinguishing characteristics found in the group pregnant at the time of the study (24%). The authors conclude that psychological as well as physical development should be considered when working with adolescents around sexual decisions. The problems should be considered in terms of the individual's ability to forsee circumstances and take control of her life.

DESCRIPTORS: Pregnant adolescents, Contraception, Behavior, Counseling, Cognitive development

28 **Adolescents as Parents: Possible Long-Range Implications.**
Hardy, Janet B.

FORMAT: Book; Technical

SOURCE: Promoting Adolescent Health: A Dialog on Research and Practice, Coates, T. J., Ed., New York: Academic Press, 255-267, 1982

ABSTRACT: Various potential long-range effects of adolescent parenthood are reviewed and discussed. Aspects of adolescence, the quality of parenting, and intervention approaches are described, with attention focused on the consequences of adolescence on parenting (with respect to family stability, educational attainment, work experience, family income, and the higher fertility in adolescent mothers), and on the developmental outcome of children of adolescent parents. It is shown that the children of adolescent mothers are significantly disadvantaged, compared to children of mothers who delayed childbearing to age 20 or above. Without intervention programs, such children face increased biological risk due to pregnancy complications, premature delivery, low birth weight, enhanced risk of neurological, neurosensory and intellectual deficits, coupled with the effects of the social disadvantage. The results of a longitudinal, prospective study of about 4,700 urban pregnancies are summarized and discussed.

DESCRIPTORS: Adolescents, Parenthood, Risks, Socioeconomic status, Epidemiology, Child development, Infants, Literature reviews, Social costs

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29 **Are Pregnant Teenagers Still in Rapid Growth?.**
Garn, Stanley M., Lavelle, Marquisa, and Pesick, Shelly D.

FORMAT: Article; Technical

SOURCE: Am J Dis Child, 138(1):32-34, January 1984

ABSTRACT: A longitudinal study examined the question of growth during pregnancy in a cohort of 1601 teenage girls through 2-3 pregnancies as a function of age and degree of statural growth. The results discounted the popular belief that the greater weight gains of younger teenage mothers during pregnancy are due to rapid maternal growth during this period. It is suggested that such weight gains are due to increased fluid retention and fluid volume. This greater weight gain correlated with the time interval between menarche and first pregnancy. Weight and stature gain data during adolescent pregnancy are presented as a function of menarcheal age for both white and black girls.

DESCRIPTORS: Pregnant adolescents, Weight gain, Prenatal period, Menarche, Height, Ethnic groups, Body weight, Longitudinal studies

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30 **Birth Weights Among Infants Born to Adolescent and Young Adult Women.**
Horton, Isabelle L., Strobino, Donna M., and MacDonald, Hugh M.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 146(4):444-449, June 1983

ABSTRACT: A comparison of infant birth weights between primigravid mothers under age 16 and ages 20-24 (422 infants from each group) shows no significant difference in infant birth weight between the 2 groups, even though infants of adolescent mothers were delivered in shorter gestation periods. Birth weight was influenced by race and sex in the adult group and by maternal weight gain in the adolescent group. It is suggested that previous reports of reduced infant birth weights from adolescent mothers may have been more due to the prevalance of risk factors than to maternal age.

DESCRIPTORS: Birth weight, Pregnant adolescents, Pregnant women, Age factors, Risks

31 **Characteristics of the Mother and Child in Teenage Pregnancy.**
Garn, S.M., et al.

FORMAT: Article; Technical

SOURCE: Am J Dis Child, 137(4):365-368, April 1983

ABSTRACT: An anthropometric study of over 11 thousand white and black pregnant adolescents and over 28 thousand older pregnant women found that adolescent mothers were naturally of smaller stature and weight, and that the small size of their infants was due to this, rather than to the young age of these mothers. The study further revealed that fetal mortality, low APGAR and Bayley mental and motor scores, and frequency of medical abnormality were similar in both adolescent mothers and adult mothers of comparable size. Birth weight for prepregnancy weight, however, was lower for blacks than for whites. Statistical summaries of the survey data are included.

DESCRIPTORS: Pregnant adolescents, Parent child relationships, Birth weight, Prenatal period, Fetal development, Surveys

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32 **A Comparison of the Health Index and Subsequent Babies Born to School Age Mothers.**
Jekel, James F., Harrison, Jean T., and Bancroft, D. R. E.

FORMAT: Article; Technical

SOURCE: Am J Pub Health, 65(4):370-374, April 1975

ABSTRACT: Some of the findings are reported from a 5-year prospective evaluation study of a comprehensive program for school-age mothers that integrated obstetrical care with other services. The health at birth of the first infant is compared with the health at birth of subsequent infants born to the same mothers. The results indicate that the risk of premature births and perinatal mortality is substantially increased in the second and third pregnancies of mothers who had their first pregnancy during adolescence. Risk and preventive factors are discussed.

DESCRIPTORS: Pregnant adolescents, Premature infants, Infant mortality, Patient care, Regional surveys

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33 **The Effect of Maternal Age, Parity, and Prenatal Care on Perinatal Outcome in Adolescent Mothers.**
Elster, Arthur B.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 149(8):845-847, August 1984

ABSTRACT: A study examined interactions among various factors (young maternal age, parity, prenatal care) on the small-for-gestational age (SFGA) outcome measure. Statistical evaluation of computerized single birth records between 1974-79 in Utah for white mothers revealed that both maternal age and prenatal care reduced SFGA risk for teenage mothers who had 1 or 2 previous live births. Prenatal care was a more important factor for SFGA risk reduction than maternal age for mothers having 1 previous live birth, but the reverse was true for mothers having 2 previous live births. For mothers with first births (i.e., no prior births), prenatal care was a more important SFGA risk attenuator for young adolescent mothers than for older adolescent or adult mothers.

DESCRIPTORS: Pregnant adolescents, Infants, Birth weight, Risks, Prenatal period, Mothers

34 **The Effect of Nutrition in Teen-Age Gravidas on Pregnancy and the Status of the Neonate.**
Kaminetzky, Harold A., Langer, Alvin, and Baker, Herman.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 115(5):639-646, March 1973

ABSTRACT: A nutritional assessment was made of unwed teenage mothers and their infants. A review of physical deficiencies, dietary records, and maternal and umbilical cord blood chemistry indicated an elevated incidence of gross undernutrition. The data suggest that certain aspects of malnutrition may antedate pregnancy. Patient compliance with dietary modifications was not high. Clinical signs of hypovitaminosis were treated with an oral multivitamin supplement; however, only circulating levels of folic acid and thiamine were raised. Patients who developed pre-eclampsia all had low or marginal protein intake, low calorie intake, and low circulating B6 levels.

DESCRIPTORS: Pregnant adolescents, Nutritional state, Infant nutrition, Undernutrition, Pregnancy, Dietary surveys

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35 **Growth of the Birth Canal in Adolescent Girls.**
Moerman, Marquisa Lavelle.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 143(5):528-532, July 1982

ABSTRACT: Data are presented on the growth and development of the birth canal of the pelvis among healthy teenage girls using a longitudinal study of 90 girls (ages 8-18). The study employed pelvic radiographs, anthropometric measurements, and age at menarche. The results indicated that the pelvic basin grows more slowly and continuously through late adolescence than does physical stature, while the birth canal size is smaller the first 3 years after menarche than at 18 years of age. At an early gynecological age, pelvic growth rate is greater than statural growth rate, and birth canal growth continues beyond the asymptotic rate limit for stature. At the same menarcheal age, girls having an early menarche have a smaller, less mature pelvis than girls having a late menarche. These findings suggest that pelvic birth canal immaturity in young, teenage primiparous girls may pose an enhanced obstetric risk in pregnancy.

DESCRIPTORS: Adolescents, Girls, Pelvis, Anthropometric dimensions, Menarche, Growth, Longitudinal studies

36 **Influence of Growth Status and Placental Function on Birth Weight of Infants Born to Young Still-Growing Teenagers.**
Frisancho, A. Roberto, Matos, Jorge, and Bollettino, Laura A.

FORMAT: Article; Technical

SOURCE: Am J Clin Nutr, 40(4):801-807, October 1984

ABSTRACT: To investigate the determinants of fetal maturation of infants born to adolescent mothers, the obstetric population attended at the maternity hospital of Lima, Peru was studied. From this population a sample of 412 adolescent mothers ranging in age from 13 to 15 years was selected for inclusion in this study. These subjects were selected because the anthropometric measurements of their parents were obtained at the time the adolescents were being attended for delivery. Based on the height measurements of the teenagers' mothers and fathers, the adolescents were classified as either still growing or growth-completed depending on whether their height was less or greater than their mothers' height. Infants of young adolescent mothers who had not completed their expected growth in height were significantly lower in birth weight than those born to adolescent mothers who had completed their growth. Multiple regression and path analyses revealed that the effects of weight gain and placenta weight on birth weight were more effective among the infants born to adolescent mothers who had not completed their growth in height. These data suggest that the reduction in birth weight among immature still-growing adolescents may result from both a decreased net availability of nutrients and/or an inability of the placenta to function adequately which results in a retarded fetal growth.

DESCRIPTORS: Adolescents, Pregnancy, Infants, Placenta, Postnatal development, Anthropometric dimension, Body measurements, Birth weight, Identifiers, Weight gain, Maternal-fetal exchange, Maternal nutrition, Epidemiological studies

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37 **Low "Gynecologic Age": An Obstetric Risk Factor.**
Zlatnik, Frank J. and Burmeister, Leon F.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 128(2):183-186, May 1977

ABSTRACT: A retrospective study of pregnant adolescents who were 17 years old or less at delivery evaluated the possible relationship between the mother's gynecological age (GA), chronological age minus age at menarche, and low infant birth weight (LBW). The results indicated that LBW risk increases with a decreased GA; other pregnancy complications (e.g. pre-eclampsia) did not correlate with GA. The study results are summarized and discussed and the implications of these findings are considered.

DESCRIPTORS: Pregnant adolescents, Low birth weight infants, Menarche, Age, Pregnancy, Birth weight

38 **Medical and Psychosocial Risks of Pregnancy and Childbearing During Adolescence.**
Elster, A. and McAnarney, E.

FORMAT: Article; Technical, Basic

SOURCE: Ped Annals, 9(3):89-94, March 1980

ABSTRACT: Some of the medical and psychological risks of adolescent pregnancy and childbearing are reviewed and discussed in the context of mother's physical and psychological growth and development during adolescence. It is concluded that young adolescent mothers who may be biologically immature, have a greater infant low birth weight risk than older adolescent and adult mothers of similar backgrounds. Very young adolescents who are psychologically immature have the most serious morbidity from adolescent pregnancy and childbearing, and the risk of repeat and more severe morbidity is greater with subsequent pregnancies.

DESCRIPTORS: Pregnant adolescents, Low birth weight infants, Morbidity, Risks, Psychological factors, Literature reviews, Age groups

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39 **Medical and Social Factors Affecting Early Teenage Pregnancy.**
Dott, Andrew B. and Fort, Arthur T.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 125(4):532-536, June 1976

ABSTRACT: Data gleaned from a 1972 study of infant mortality among 44 infants born to mothers aged less than 15 years revealed a mortality rate that varied (6-50 per 1000 live births) as a function of medical care and social factors. Adolescent mothers who were poor, white, married, or having limited prenatal care (generally decreasing with decreasing age) had the highest infant mortality risk. Stillbirths, perinatal and infant mortality, and prematurity incidence generally were higher for teenage mothers than for older mothers. The study results are consistent with other studies that indicate that, while quality prenatal care and a good socioeconomic background decrease infant mortality risk, such risk is greater for teenage mothers than for older mothers.

DESCRIPTORS: Pregnant adolescents, Infants, Mortality, Risks, Premature infants, Disease prevention, Age differences, Socioeconomic status

40 **Neonatal Outcome: Is Adolescent Pregnancy a Risk Factor?**
Zuckerman, Barry, Alpert, Joel J., and Kayne, Herbert.

FORMAT: Article; Technical

SOURCE: Pediatrics, 71(4):489-493, April 1983

ABSTRACT: It has been widely reported that adolescent mothers are more likely to experience poor pregnancy outcome (especially low birth weight and/or premature infants). Recent data suggest that this poor outcome may be attributed to confounding health and social characteristics of the mothers. A hospital study of maternal health and neonatal development provided an opportunity to assess whether such mothers deliver infants with poorer outcomes at birth than non-adolescents, independent of social and health differences between the 2 classes of mothers. A total of 275 infants of primiparous adolescents (aged 13 to 18 years) were compared at birth with 423 infants of primiparous non-adolescents. Size at birth, length of gestation, APGAR scores, and birth trauma were examined. The only statistically significant difference between the 2 groups was that adolescent mothers delivered infants whose mean weight was 94 gm. less than infants of non-adolescent mothers. Multiple and logistic regression analyses demonstrated that several health and social factors (but not adolescent status) were independently associated with the measures of adverse infant outcome. Subsequent regression analysis demonstrated that being a younger adolescent (16 years and younger) did not independently predict low birth weight at delivery (or other measured adverse neonatal outcomes). These data support the view that health and social factors are more important to poor fetal outcome among primiprous mothers than adolescent status. Certain of these health factors are amenable to clinical intervention.

DESCRIPTORS: Low birth weight infants, Pregnant adolescents, Risk factor Maternal-fetal exchange, Epidemiological studies, Socioeconomic influences

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41 **Obstetric, Neonatal and Psychosocial Outcome of Pregnant Adolescents.**
McAnarney, Elizabeth R., Roghmann, Klaus J., and Adams, Barbara N.

FORMAT: Article; Technical

SOURCE: Pediatrics, 61(2):199-205, February 1978

ABSTRACT: A study assessed differences in the effect of 3 health care programs on the obstetrical, neonatal, and psychological outcomes of 82 matched pregnant adolescents. No significant differences were noted in obstetrical and neonatal outcomes of mothers or their infants among the sites. However, the site which offered a comprehensive maternity program included more services and was associated with more positive psychological outcomes. This site also was associated with lower repeat pregnancy rates and a greater postpartum practice of contraception.

DESCRIPTORS: Pregnant adolescents, Health care, Parent education, Contraception, Behavior modification, Socioeconomic status

42 **Pregnancy Performance of Patients Under Fifteen Years of Age.**
Duenhoelter, Johann, Jimenez, Juan M., and Baumann, Gabriele.

FORMAT: Article; Technical

SOURCE: Obstet Gynecol, 46(1):49-52, July 1975

ABSTRACT: A study compared hospital medical records for 471 primigravid patients under 15 years of age who delivered infants weighing over 500 gm. with control subjects of ages 19-25 years matched for race and contribution to hospital cost for delivery and care. The teenage mothers had an earlier menarche and a higher incidence of repeat pregnancy within 18 months of their initial delivery. Pregnancy-induced hypertension and pelvic inlet contraction complications were found to be more frequent in the teenage mothers than in the control group. The implications of these findings are discussed.

DESCRIPTORS: Pregnant adolescents, Menarche, Hypertension, Pregnancy, Age differences, Mothers

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43 **Psychosocial Risk to Mother and Child as a Consequence of Adolescent Pregnancy.**
Friedman, Stanford B. and Phillips, Sheridan.

FORMAT: Article; Technical

SOURCE: Seminars in Perinatology, 5(1):33-37, January 1981

ABSTRACT: A literature review summarizes and discusses research findings concerning the psychosocial risk associated with adolescent pregnancy and motherhood. The need to establish an individual identity may be one motivating psychological factor in adolescent pregnancy. While the incidence of emotional or psychiatric problems of such mothers (or their partners or families) is virtually unknown, the psychological repercussions of abortion are also unknown. It is concluded that adolescent mothers and their children are at greater risk for psychosocial problems due to a combination of factors, including the increased difficulty of identity formation and the increased stress of parenting without adequate economic and social support.

DESCRIPTORS: Pregnant adolescents, Psychological factors, Mental stress, Abortion, Socioeconomic status, Risks, Mothers, Parent-child relationships, Literature reviews

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44 **Teenage Pregnancy and Parenthood: Outcomes for Mother and Child.**
Finkelstein, Jordan W., Finkelstein, Judith A., and Christie, Maryanna.

FORMAT: Article; Technical

SOURCE: J Adol Health Care, 3(1):1-7, August 1982

ABSTRACT: A retrospective study of medical charts of 14-16 year-old mothers revealed that 14-15 year-old black teenage mothers had more pregnancies and later first prenatal visits than white teenage mothers, while white children had more acute illnesses in the 2-year period following delivery. APGAR scores decreased with decreasing age while school drop-out rate increased with increasing age. Most (70%) of the teenage mothers were unmarried, and most had male partners who were 4-5 years older, lived with their parents, and came from low-income families. A higher medical complication rate for pregnancy and delivery was noted for teenagers relative to 20-30 year-old mothers, but the physical growth of their children was normal.

DESCRIPTORS: Pregnant adolescents, Risks, Prenatal period, Socioeconomic status, Mothers, Fathers

45 **Teenage Pregnancy: Psychosocial Considerations.**
Osofsky, Joy D. and Osofsky, Howard J.

FORMAT: Article; Technical

SOURCE: Clin Obs Gyn, 21(4):1161-1173, December 1978

ABSTRACT: The psychosocial antecedents, impact, and outcome of adolescents pregnancy, and possible causes and preventive interventions are discussed. Attention is given to: causes and characteristics of teenage pregnancy (modern sexual behavior patterns, psychological factors associated with motivation and behavior, use of contraceptives, the family environment); personal reactions to pregnancy; and the teenage mother's options (adopting, abortion, keeping the infant). Pregnancy intervention programs are discussed. It is concluded that solutions to the teenage pregnancy problem and the internal and external emotional problems that ensue must be geared towards the individual's needs, applying intervention strategies early in pregnancy.

DESCRIPTORS: Pregnant adolescents, Psychological factors, Etiology, Mothers, Pregnancy, Literature reviews, Family environment

PRENATAL WEIGHT GAIN

46 **Anthropometric Assessment of Nutritional Status in Pregnant Women: A Reference Table of Weight-for-Height by Week of Pregnancy.**
Gueri, Miguel, Jutsum, Peter, and Sorhaindo, Bernard.

FORMAT: Article; Practical, Technical

SOURCE: Am J Clin Nutr, 35(3):609-616, March 1982

ABSTRACT: A reference table of weight-for-height by week of pregnancy has been devised on theoretical grounds, based on the premises that the average increment of weight during pregnancy is 20% of the prepregnant weight, and that almost all the increment takes place linearly during the 2nd and 3rd trimesters of pregnancy. The table was tested with retrospective clinic and hospital data. The results show a good correlation between the weight-for-height at different stages of pregnancy as a percentage of the reference table and the birth weight of the offsprings. This reference table can be used to assess the nutritional status of pregnant women and (within limits) to suggest a probability for delivering a low birth weight infant.

DESCRIPTORS: Pregnant women, Nutritional status, Anthropometric measurements, Height-weight tables

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47 **Maternal Obesity in Pregnancy.**
Calandra, Claude, Abell, David A., and Beischer, Norman A.

FORMAT: Article; Technical

SOURCE: Obstet Gynecol, 57(1):8-12, January 1981

ABSTRACT: A study of 6,497 pregnant obese women (weight over 90 kg.) was designed to identify pregnancy complications characterizing hazards of maternal obesity in pregnancy. The women had greater incidences of hypertension (44%) and hyperglycemia (17%) and depressed urinary estriol (19%) than normal, and twice the normal incidence of infants weighing 4 kg. or over. Decreased fetal size, however, was not related to maternal hyperglycemia and was not generally associated with an increased incidence of operative delivery. The obese women had an increased incidence of neonatal asphyxia, labor exceeding 24 hours after amniotomy, puerperal pyrexia, and primary postpartum hemorrhage. Obesity did not adversely affect maternal or perinatal outcomes when glucose tolerance and fetoplacental function were monitored prenatally and cephalopelvic disproportion in labor was considered. Obesity likewise did not influence perinatal mortality.

DESCRIPTORS: Pregnant women, Obesity, Risks, Birth weight, Hypertension, Hyperglycemia

48 **A New Chart to Monitor Weight Gain During Pregnancy.**
Rosso, P.

FORMAT: Article; Technical, Practical

SOURCE: Am J Clin Nutr, 41(3):644-652, March 1985

ABSTRACT: A new chart to monitor maternal weight gain during pregnancy is presented. The chart is based on the adequacy of maternal weight for height, as suggested by a modified table of weight for average frame size, and the data were derived from a low-income, racially-mixed population living in New York City. A monogram accompanies the chart and is used to calculate values of percentage of "standard weight" at various gestational ages. The chart establishes a desirable weight near term which is equivalent to 120 percent of "standard weight" for women with a pre-pregnancy weight equal to or lower than 100 percent of "standard weight." For women with pre-pregnancy weight above 100% of "standard weight" the desirable weight near term varies according to the initial weight, but includes a minimal weight gain of 7 kg. for women with pre-pregnancy weight over 120% of standard. Women who attained or exceeded body weight near term equivalent to 120% percent of "standard weight" in low income populations in the U.S. and Chile delivered infants with significantly higher mean birth weight than those from mothers who did not meet this goal.

DESCRIPTORS: Body weight, Pregnancy, Analytical methods, Standards, Pregnant women, Prediction, Infants

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49 **Pregnancy and the Underweight Woman.**
Leonard, Linda G.

FORMAT: Article; Practical, Basic

SOURCE: Maternal Child Nurs, 9(5):331-335, September-October 1984

ABSTRACT: The effects of maternal underweight on increased risks for compromised fetal, infant, and maternal outcomes are reviewed and discussed. Infants born to underweight mothers weigh less and have shorter stature than those born to standard weight mothers. Researchers have found that, even when underweight women had "adequate" prenatal weight gains, the incidence of low birth weight infants was twice that observed among normal weight mothers. It has been suggested that a woman should weigh 10% above her prepregnancy ideal weight after delivery; and an equation to calculate the correction for an underweight expectant mother's nutrition deficit is presented and illustrated. It is argued that a detailed nutritional assessment of the underweight mother be conducted as early as possible and that the mother be motivated to increase her caloric and nutrient intake. Guidelines for a health and nutritional assessment of the underweight pregnant woman are presented and discussed.

DESCRIPTORS: Pregnant women, Underweight, Low birth weight infants, Risks, Weight gain, Therapeutic diets, Literature reviews, Guidelines

50 **Prenatal Weight Gain and Postpartum Weight Loss Patterns in Adolescents.**
Meserole, L., et al.

FORMAT: Article; Practical, Technical

SOURCE: J Adol Health Care, 5(1):21-27, January 1984

ABSTRACT: A study compared prenatal weight gain patterns of 80 adolescent girls (ages 13-17) with those of the standard weight gain curve for pregnant females. Chronologically and physiologically younger girls had lower prenatal weight gain than older girls, while girls who were underweight before pregnancy had a higher prenatal weight gain than those who were not. The mean prenatal weight gain at term was 37 lbs. The study results indicated that a special prenatal weight gain curve for pregnant adolescents is needed. Tabular and graphic data are presented. Postpartum weight loss data also were developed and compared with that reported for adults.

DESCRIPTORS: Prenatal period, Weight gain, Pregnant adolescents, Standards, Prediction

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51 **Weight Gain and Dietary Intake of Pregnant Teenagers.**
Loris, Pamela, Dewey, Kathryn G., and Poirier-Brode, Karen.

FORMAT: Article; Technical

SOURCE: J Am Dietet Assoc, 85(10):1296-1302, October 1985

ABSTRACT: Pregnancy weight gain, dietary intake, and infant birth weight were all relatively high among a group of 145 teenagers attending a teen obstetric clinic or one of four school programs for pregnant teens compared with teenagers in previous studies. Exposure to nutrition education and an adequate social support system were related to dietary adequacy and a favorable pregnancy outcome.

DESCRIPTORS: Weight gain, Nutrient intake, Pregnant adolescents, Food habits, Birth weight, Food consumption, Nutrition education

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52 **Weight Gain and the Outcome of Pregnancy.**
Naeye, Richard L.

FORMAT: Article; Practical, Technical

SOURCE: Am J Obstet Gynecol, 135(1):3-9, September 1979

ABSTRACT: A prospective study of 53,518 pregnancies in 12 U.S. hospitals between 1959-66 concerning maternal weight gain during pregnancy indicated that mothers who were overweight at pregnancy outset had the lowest fetal and neonatal mortality incidence with a 16-lb. weight gain at term. In terms of pregnancy outcome, the optimum pregnancy weight gain for normal weight and underweight mothers was 20 and 30 lbs., respectively. Perinatal mortality rates increased when pregnancy weight gains were above or below these optimum weight gains. Pregnancy weight gains that were excessively high or low appeared to have little influence on risk enhancement for common placental and fetal disorders, but if such a disorder occurred, infant mortality rates increased several-fold. Note: Good background information, but the majority of the samples were not comprised of adolescents.

DESCRIPTORS: Pregnant women, Weight gain, Mortality, Infants, Health protection

53 **Weight Gain in Pregnancy - 30 Years of Research.**
Hytten, F. E.

FORMAT: Article; Technical

SOURCE: S Afr Med J, 60:15-19, July 1981

ABSTRACT: A literature review summarizes and discusses 3 decades of research findings in the area of maternal weight gain during pregnancy. Data are shown for weight gain in 3 major obstetric complications (pre-eclampsia, prematurity, and perinatal death), for daily weight gain fluctuations in a healthy pregnant woman, and for the components of weight gain during normal pregnancy (fetus, maternal stores, blood, tissue fluid, breasts). Data also are presented on: the cumulative energy cost of pregnancy and its components (fat, protein, and maintenance calories); the changes that occur in plasma free fatty acids and glycerol; and on the influence and nature of edema as related to birth weight of infants and in maternal hypertension. Studies providing these results are discussed. It is concluded that most women who gain weight well above average do not develop pre-eclampsia and that parity has no independent long-term effect on maternal body weight for obesity risk.

DESCRIPTORS: Pregnant women, Weight gain, Prenatal period, Edema, Hypertension, Literature reviews

NUTRITIONAL NEEDS/RECOMMENDATIONS FOR PREGNANT TEENS

54 **Adolescence, Nutrition, and Pregnancy Interrelationships.**
Rees, Jane Mitchell and Worthington-Roberts, Bonnie.

FORMAT: Book; Technical, Practical

SOURCE: Nutrition in Adolescence, Mahan, L. K., Rees, J. M., St. Louis: Times Mirror/Mosby College Publishing, 221-256, 1984

ABSTRACT: Nutritional care of the pregnant adolescent may involve assessment of many different factors. Chief among these, are socioeconomic considerations, educational level, and the adolescent's own motivation. It is difficult to counter poor nutritional habits simply by pointing out foods which are "good for you and baby" vs. those which are not. In addition, there is some controversy over the individual's level of development; some authorities feel that a young, pregnant teenager may be interrupting her own growth patterns to support those of the fetus. The influence of significant others, such as the teenaged father, parents, and peers on the nutritional choices of the pregnant adolescent cannot be underestimated. Many adolescents feel uncomfortable with the weight gain accompanying pregnancy, and may need to be reassured that it is normal and desirable to gain weight during pregnancy. Overweight or underweight individuals may require additional counseling to develop appropriate food intakes. Postpartum weight loss is linked to a discussion of infant feeding, and the decision of the adolescent mother to breastfeed (if she is keeping her infant). The many considerations of nutritional counseling for pregnant adolescents include an emphasis on the need for specific nutrients and an understanding of the psychosocial condition of the expectant mother.

DESCRIPTORS: Pregnant adolescents, Nutritional assessment, Patient care, Nutritional requirements, Socioeconomic status, Environmental factors, Weight gain, Pregnancy, Guidelines, Literature reviews

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55 **Comparison of the Nutritional Status of Pregnant Adolescents with Adult Pregnant Women III. Maternal Protein and Calorie Intake and Weight Gain in Relation to Size of Infant at Birth.**
Ancri, Gaetane, Morse, Ellen H., and Clarke, M. S.

FORMAT: Article; Technical

SOURCE: Am J Clin Nutr, 30(4):568-572, April 1977

ABSTRACT: Seven factors were examined in 98 adolescent and adult mothers (ages 12-32, assigned to 1 of 4 age groups) to assess the effects of maternal age at conception, length of gestation, maternal weight gain, maternal protein and calorie intakes, infant birth size, and infant APGAR score on pregnancy outcome. The 98 mothers included 57 from a middle-income group with private physicians, 27 attending a low-cost clinic, and 12 residing in a home for unwed mothers. Maternal weight gain increased with decreasing maternal age, and was a function of length of gestation period but not of maternal calorie intake. No relation was found between maternal protein and caloric intakes and infant birth weight. Mean maternal caloric and protein intakes were found to be below and above their RDA's respectively. None of the factors studied could explain the approximate 10% of neonates being below 2.5 kg. in birth weight.

DESCRIPTORS: Pregnant women, Adolescents, Low birth weight infants, Birth weight, Energy intake, Prenatal period, Infants, Mothers, Diet studies

56 **Folacin and Iron Status in Low-Income Pregnant Adolescents and Mature Women.**
Bailey, L.B., Mahan, C.S., and Dimperio, D.

FORMAT: Article; Technical

SOURCE: Am J Clin Nutr, 33(9):1997-2001, September 1980

ABSTRACT: Folacin deficiency was markedly more common than iron deficiency in 269 pregnant low-income women at first prenatal clinic visits. Low hematocrit was observed in 40% of all women, 70 of whom were adolescents. Serum folacin was low in 48% of the women and deficient in 15%. Using red blood cell folacin as a criterion, 29% of subjects were classifiable as high risk and 11% as medium risk. Serum iron and transferrin saturation was normal in 96% and 88% of subjects, respectively. However, serum iron concentration was lower in mature women than in adolescents. No differences in these hematological indices were seen between women who had used oral contraceptives within 6 months of conception and non-users.

DESCRIPTORS: Folic acid, Iron, Nutritional deficiencies, Pregnant women, Nutritional status, Low income groups, Blood analysis, Pregnant adolescents, Oral contraceptives

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57 **Maternal Nutritional Status and Adolescent Pregnancy Outcome.**
Frisancho, A. Roberto, Matos, Jorge, and Flesel, Pam.

FORMAT: Article; Technical

SOURCE: Am J Clin Nutr, 38(5):739-746, November 1983

ABSTRACT: To investigate the determinants of low birth weight of infants born to adolescent mothers, we studied the obstetric population attended at the maternity hospital of Lima, Peru. From this population we selected for study a sample of 1256 adolescent mothers ranging in age from 12 to 25 years. The study included anthropometric and biochemical measurements used to evaluate nutritional status and physiological maturity of the mother and newborn. Findings from the present research indicate that the low birth weight of infants born to adolescent mothers is not due to premature delivery (short gestation) or low gynecological maturity. Furthermore, young adolescent mothers had smaller and thinner newborns than those born to older women who were adjusted for nutritional status during pregnancy and at delivery. That is, despite the similar nutritional status among the young adolescent mothers, the availability of nutrients for the accumulation of calories in the fetus (measured by skinfold thickness) was less than that of older women. In addition, the pregnancy weight gain associated with an optimal or average newborn weight is greater for young teenagers than for older women. These findings support the hypothesis that among rapidly growing teenagers the nutritional requirements of pregnancy may be greater than those of older women, and that this increased requirement competes with the growth needs of the fetus.

DESCRIPTORS: Nutritional status, Pregnant adolescents, Prenatal nutrition, Low birth weight infants

58 **Nutrition in Adolescent Pregnancy.**
Frank, Deborah A., Gibbons, Marianne, and Schlossman, Nina.

FORMAT: Article; Technical

SOURCE: J California Perinatal Assoc, 3(1):21-26, Spring 1983

ABSTRACT: A literature review examined the nutritional requirements of pregnant adolescents and the effect of adolescent maternal nutrition on pregnancy outcome. Topics included: growth and reproductive capacity of pregnant and non-pregnant adolescent girls; the effect of protein-energy intakes on pregnancy outcome; the specific effects of the status of various micronutrients (Zn, Fe, Ca, vitamin A, ascorbic acid, folic acid); and the need for nutritional monitoring and therapy to ensure optimal outcomes for the adolescent gravida and her fetus. Data tables for recommended daily food habits, daily dietary allowances for nutrients, protein requirements, and caloric intakes for pregnant adolescents are presented. A recommended method for calculating caloric requirements and sample menus for pregnant teenagers are included.

DESCRIPTORS: Pregnant adolescents, Nutrient requirements, Nutritional state, Energy intake, Prenatal period, Infants, Nutrient deficiencies

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59 **Nutrition in the Pregnant Adolescent.**
Rosso, Pedro and Lederman, S. A.

FORMAT: Book; Practical, Technical

SOURCE: Adolescent Nutrition, Winick, Myron, Ed., New York: John Wiley and Sons, 47-62, 1982

ABSTRACT: The nutritional risks, status, requirements, and management of pregnant adolescents are reviewed and discussed. Topics include: the magnitude of nutritional inadequacy in pregnant teenagers and its causes; relative pregnancy outcomes between pregnant adolescents and more mature women; the nutritional status of pregnant adolescents; and dietary recommendations and requirements for energy intake and that of key nutrients (protein, Fe, Ca, vitamin A, B vitamins). The necessity of assessing the presence of various risk factors (alcohol, smoking, drugs) also is discussed.

DESCRIPTORS: Nutritional state, Pregnant adolescents, Nutrient deficiencies, Nutritional assessment, Nutritional requirements, Caloric intake, Protein intake, Vitamin deficiency, Calcium, Literature reviews, Guidelines

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60 **Nutritional Needs of the Pregnant Adolescent.**
Heald, Felix P. and Jacobson, Marc S.

FORMAT: Article; Practical, Technical

SOURCE: Ped Annals, 9(3):21-31, March 1980

ABSTRACT: An authoritative medical overview is presented of the intake requirements of pregnant adolescents for energy and other key nutrients (protein, iron, calcium, sodium, and vitamins). Data on the needs of specific nutrients by pregnant and non-pregnant adolescents, by age group, are compared and discussed with respect to weight gain and fetal growth. Steps that can be taken to ensure dietary adequacy are discussed. It is concluded that, with the exception of iron and folacin, dietary supplements are unnecessary for pregnant adolescents who are receiving an adequate caloric intake from a variety of food sources.

DESCRIPTORS: Pregnant adolescents, Nutrient requirements, Energy requirements, Nutritional adequacy, Dietary factors, Mineral supplements, Iron, Folic acid, Guidelines

61 **Nutritional Risks of Adolescent Pregnancy and Their Management.**
Jacobson, M.S. and Heald, F.P.

FORMAT: Book; Practical, Technical

SOURCE: Premature Adolescent Pregnancy and Parenthood, McAnarney, E.R., New York: Grune and Stratton, 119-136, 1983

ABSTRACT: Recognizing that nutritional assessment and intervention should be an integral part of prenatal care for the adolescent, this chapter synthesizes prenatal nutritional information from various health disciplines into a system adaptable to adolescent prenatal care. Discussions of energy, protein, fat-soluble/water-soluble vitamins, minerals (iron, calcium, sodium) and nutritional supplementation are presented. Nutritional assessment, proper intervention and ongoing care can reverse weight loss problems, mineral deficiencies and other related problems.

DESCRIPTORS: Pregnant adolescents, Nutritional assessment, Risks, Nutritional intervention, Supplemnents, Proteins, Energy

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62 **Teenaged and Pre-Teenaged Pregnancies: Consequences of Fetal-Maternal Competition for Nutrients.**
Naeye, Richard L.

FORMAT: Article; Technical

SOURCE: Pediatrics, 67(1):146-150, January 1981

ABSTRACT: Fetuses grew more slowly in 10-to-16 year-old mothers than in older mothers, suggesting that the growth needs of young mothers compete with the growth needs of their fetuses for available nutrients. These mothers had significantly smaller newborns at term than older mothers when the various maternal age groups were matched for prepregnancy body size and pregnancy weight gain. Five percent of the urine samples of 10-to-14 year-old mothers had 2+ or greater acetone vs only 2% of the urines of 17-to-32 year old mothers. Acetonuria has been shown to be a marker for high perinatal mortality in undernourished gestations, and it correlated with a high perinatal mortality in the study. The growth retardation found in the newborns of very young mothers disappeared during childhood. The most significant consequence of maternal-fetal competition for nutrients may be increased risk of fetal or neonatal death. Optimal pregnancy weight gains may therefore be higher in teenagers than in older women.

DESCRIPTORS: Pregnant adolescents, Fetus, Nutrient utilization, Nutrient requirements, Fetal growth, Perinatal mortality, Age factors, Weight gain

NUTRITION/FOOD HABITS OF ADOLESCENTS

63 **Adolescent Life-Style and Eating Behavior.**
Story, Mary.

FORMAT: Book; Technical, Practical

SOURCE: Nutrition in Adolescence, Mahan, L.K., and Rees, J.M., St. Louis: Times Mirror/Mosby College Publishing, 77-103, 1984

ABSTRACT: Factors influencing adolescent food behavior and dietary practices are explored in this examination of eating behavior within its larger developmental and social framework. A basic understanding of the variables that influence food behavior is crucial to successful food habit modification. Numerous internal and external variables are thought to indirectly influence adolescent food behavior by being integrated and incorporated into the individual's lifestyle. External factors, including family, peers, and mass media, and ways in which they affect behavior are discussed. Aspects of typical adolescent eating behavior that are explored in some detail include food preferences, fast food consumption, irregular meal patterns and meal skipping, and snacking. Alternative life-styles, nontraditional diet patterns, and diet experimentation are discussed, with emphasis placed on fad diets and weight reduction schemes. Substance use and abuse during adolescence and possible nutritional implications are examined. The role of parents, health professionals, and nutrition educators in helping adolescents adopt more healthful and nutritious food practices is considered. Tables: 1) rate diet and nutrition information provided in popular magazines, 2) show the nutritional contribution of selected fast food restaurant meals and snack foods, and 3) discuss the mode of action and potential dangers of selected nonprescription diet aids. An extensive list of references is included.

DESCRIPTORS: Teaching materials, Textbooks, Adolescents, Food habits, Meal patterns, Fast foods, Snacks, Weight loss diets, Psychological factors, Substance abuse

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64 **Adolescent Nutrition.**
Winick, Myron.

FORMAT: Book; Technical

SOURCE: New York: John Wiley and Sons, 1982

ABSTRACT: A reference text for nutritionists, physicians, and other health care providers examines the vital role of nutrition in promoting normal growth and development during adolescence. Thirteen authoritative papers prepared by experts in their respective fields are organized among 4 general themes: normal nutrition requirements and practices during puberty and adolescence; nutrition under conditions of pregnancy and athletics during adolescence; zinc and iron deficiencies; and nutritional aspects of common adolescent diseases (Keshan disease, anorexia nervosa, obesity, inflammatory bowel disease, and atherosclerosis prevention).

DESCRIPTORS: Reference works, Adolescence, Nutrient requirements, Mineral deficiencies, Disease prevention, Nutritional state, Pregnant women, Athletes, Literature reviews

65 **The Adolescent Process and the Problem of Nutrition.**
Caghan, Susan B.

FORMAT: Article; Practical, Basic

SOURCE: Am J Nursing, 75(10):1728-1731, October 1975

ABSTRACT: The problem of inadequate nutrition for teenagers often is driven by poor eating patterns and food selection habits. The problem is not always a lack of nutrition information, but a lack of interest. This is brought about for several reasons: sound nutrition has an effect on the body that cannot be immediately felt or experienced; activities become a greater priority than concerns for good nutrition; and excess eating can occur from taste preferences for junk food or as a defense against feelings of depression, loneliness, or inadequacy. Obesity caused by lack of exercise and excess fat intake during adolescence has been implicated in subsequent development of atherosclerosis. Nutrition education needs to be taught in the elementary grades and parents should reinforce sound nutritional practices in the home during adolescence. Information on proximate energy costs for various exercises in sports is included.

DESCRIPTORS: Adolescents, Eating habits, Food habits, Food preferences, Behavior modification, Nutrition education, Obesity, Diet planning, Literature reviews, Guidelines

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66 **Diets for Children and Adolescents That Meet the Dietary Goals.**
Dwyer, Johanna.

FORMAT: Article; Practical, Technical

SOURCE: Am J Dis Child, 134(11):1073-1900, November 1980

ABSTRACT: An approach for planning diets for children and adolescents is designed to satisfy current U.S. dietary guidelines, and ensure that recommended dietary allowances and safe and adequate nutrient intakes are achieved. This approach is based on a 5-point menu planning strategy: 1) substitute balanced nutrient foods for food choices that contribute a great deal of energy (fats, sugars, sweets), and little else; 2) increase the consumption of fruits and vegetables, breads and cereals, dried beans (or peas), and starchy vegetables; 3) substitute alternatives for whole fat milk products, fatty meats, and eggs that are lower in energy, saturated fat, cholesterol, and sodium while keeping protective nutrient contributions at a high level; 4) help the parents to make these changes; and 5) assure adequate attention to other health-promoting behaviors that influence nutritional status. Daily menus that approximate U.S. dietary goals are included.

DESCRIPTORS: Diet counseling, Adolescents, Children, Menu planning, Parents, Pediatricians, Health protection, Nutrient requirements, Models, Guidelines

67 **Factors Affecting the Dietary Quality of Adolescent Girls.**
Macdonald, Lorry A., Wearring, George A., and Moase, Olive.

FORMAT: Article; Technical

SOURCE: J Am Dietetic Assoc, 82(3):260-263, March 1983

ABSTRACT: Investigated were variables to differentiate 2 groups of adolescent girls; one group consuming a good quality diet and the other consuming a poor diet. Of the initial sample of 276 adolescent girls surveyed, the 50 girls with the best and the 50 with the worst diets were identified. No difference between the groups was found on 3 personality traits (self-esteem, social recognition, and energy level). The use of a multivariate stepwise discriminant function analysis resulted in the selection of 3 variables as the strongest predictors of dietary quality: hours per day spent in inactive pursuits, ideal body image choices, and past dieting attempts.

DESCRIPTORS: Adolescents, Females, Diet patterns, Food intake, Exercise (Physiology), Weight loss

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68 **Food Fight: A Report on Teen-Ager's Eating Habits and Nutritonal Status.**
Olsen, Laurie.

FORMAT: Book; Basic

SOURCE: Oakland: Citizens Policy Center, 1984

ABSTRACT: The results of data derived from a 101-item interview and a 49-item survey questionnaire concerning food consumption patterns and nutrient intakes of teenagers are presented and discussed. The surveys were administered among school classrooms and youth groups throughout the San Francisco Bay area. The text of the report summarizes: how teenagers eat (meal behavior, snack patterns, skipped meals); family and socioeconomic influences on nutrition; the conceptions of teenagers concerning food and health; the nutritional and health consequences of teenage diets with respect to their nutritional adequacy; diet-related health risks of pregnant teenagers; and recommendations concerning public policy and nutrition education, aimed at improving the nutritional status of teenagers. Data summaries are presented throughout the text, and a bibliography of relevant publications is appended.

DESCRIPTORS: Eating habits, Meal patterns, Nutritional assessment, Pregnant adolescents, Health promotion, Adolescents, Surveys

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69 **Nutrient Requirements in Adolescence.**
McKigney, John I. and Munro, Hamish N., Eds.

FORMAT: Booklet; Technical

SOURCE: Cambridge: MIT Press, 1976

ABSTRACT: The effects of adolescent nutrition on the productiveness, well-being, and longevity of the future adult population are considered. Topics given emphasis are changing dietary habits and fads of adolescents and extra nutritional demands that are placed on an adolescent mother. In addition, it is stressed that the significance of nutrition in adolescent development is not yet understood and that efforts should be made to rectify this failing.

DESCRIPTORS: Adolescents, Nutrient requirements, Nutritional adequacy

70 **Nutrition in Adolescence.**
Mahan, L. Kathleen and Rees, Jane Mitchell.

FORMAT: Book; Practical, Technical

SOURCE: St. Louis: Times Mirror/Mosby College Publishing, 1984

ABSTRACT: A textbook for students and practitioners examines the theoretical basis of nutritional issues in adolescence plus the nutritional care and guidance needed to help teenagers improve their eating habits. The nutritional recommendations for this phase in the life cycle are integrated with the physical and social science disciplines. Included are: the physical and psychological characteristics of growth and development of the adolescent; recommendations and clinical methods for individual nutritional assessment; assessment of height/weight proportions and body compositions; eating habits reflecting environment, life-style and developmental factors; fitness and competitive sports; chronic disease; pregnancy; influence of nutritional factors on adolescent behavior; and counseling techniques. Practical application of theory is stressed.

DESCRIPTORS: Instructional materials, Adult education, Professional education, Textbooks, Adolescent nutrition, Patterns, Food habits

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71 **Nutritional Concerns During Adolescence.**
Marino, Deborah Dunlap and King, Janet C.

FORMAT: Article; Technical

SOURCE: Ped Clinics of N Amer, 27(1):125-139, February 1980

ABSTRACT: A literature review discusses various nutrition-related factors in adolescence. Topics include: nutrient requirements (recommended dietary allowances for boys, girls, and pregnant teenagers); good habits (snacking, vegetarian diets); obesity (causation, weight loss diets, dietary counseling); nutrition and sports; physical development, risks and nutritional needs in adolescent pregnancy; the effects of oral contraceptives on nutritional status during pregnancy; nutritional therapy of acne (vitamin A, Zn); and the adverse effect of alcohol abuse on the nutritional status of the teenager. Good nutritional practices are vital to adolescent growth and development to satisfy increased nutrient needs and to establish and maintain sound eating habits.

DESCRIPTORS: Nutritional requirements, Adolescents, Eating habits, Food habits, Risks, Health protection, Obesity, Weight reduction, Pregnant adolescents, Oral contraceptives, Acne, Alcoholism, Disease prevention, Literature reviews

72 **Nutritional Requirements of Adolescence.**
Dwyer, Johanna.

FORMAT: Article; Technical

SOURCE: Nutr Rev, 39(2):56-72, February 1981

ABSTRACT: Recommendations for nutrient needs in adolescents are based on rather fragmentary data. They are usually extrapolated from studies of adults, children or animals and take little account of the real needs during this period of rapid growth and development. Nutritional requirements are best understood in relation to changes in body composition which follow physiological rather than chronological age. Energy and iron requirements are quite well defined, though calcium and especially the interactions which influence its absorption and utilization are less well understood. Estimates of requirements vary less than the recommendations themselves, and are changing with time and as new knowledge is developed. For example, energy requirements have dropped as lifestyle demands less physical activity. The current recommended dietary allowances define intakes for 17 nutrients, and safe and adequate ranges of intake for 11 more of the 45 nutrients known to be essential for human beings.

DESCRIPTORS: Nutrient requirements, Adolescents, Body composition, Recommended dietary allowances, Physical development, Energy requirements (FAO), Energy metabolism, Iron, Calcium

SUBSTANCE USE AND ABUSE DURING PREGNANCY

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73 **Alternative Dietary Practices and Nutritional Abuses in Pregnancy: Proceedings of a Workshop.**
Committee on Nutrition of the Mother and Preschool Child, Food and Nutrition Board, National Research Council.

FORMAT: Book; Technical, Practical

SOURCE: Washington: National Academy Press, 1982

ABSTRACT: Workshop proceedings discuss cultural practices (vegetarian diets, pica) that affect nutrient intake during pregnancy and abuses (alcohol, smoking, caffeine, over-the-counter drugs, megadose nutrients) affecting health and nutritional status of the mother and fetus. The aims of the workshop were: to review and evaluate current research and to develop a report on the effects of certain abuses during pregnancy; to separate the effects of the abused substance from those effects that result from alterations in nutrient utilization; and to recommend interventions that are feasible and effective. Care is taken to make the results useful to personnel responsible for providing maternal and child care information.

DESCRIPTORS: Reference materials, Pregnancy, Pregnancy and nutrition, Nutriture, Nutrient utilization, Nutrient-drug interactions, Drug effects, Drugs, Nutrient-nutrient interactions, Nutritional adequacy, Nutritional deficiencies

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74 **The Association of Marijuana Use With Outcome of Pregnancy.**
Linn, Shai, Schoenbaum, Stephen C., and Monson, Richard R.

FORMAT: Article; Technical

SOURCE: Am J Public Health, 73(10):1161-1164, October 1983

ABSTRACT: A study of interview and medical records of 12,424 mothers who delivered between 1977-1980 at a single hospital indicated that the incidence of low infant birth weight, a short gestation period, and major birth defects was greater for mothers who smoked marijuana. Regression analysis indicated that demographic factors, habits, and medical history did not influence these risk factors. It is concluded that marijuana usage may enhance infant risk factors and should be avoided until further studies are conducted.

DESCRIPTORS: Marijuana, Pregnant women, Low birth weight infants, Congenital disorders, Disease prevention, Health protection, Drug effects

75 **Consumption of Alcohol During Pregnancy: A Review of Effects on Growth and Development of Offspring.**
Abel, Ernest L.

FORMAT: Article; Technical

SOURCE: Human Biol, 54(3):421-453, September 1982

ABSTRACT: A review of recent literature concerning the effect of maternal alcohol abuse on fetal development and neonatal growth suggests adverse health consequences such as increased frequency of spontaneous abortion, fetal and infant growth retardation, child behavior anomalies, and congenital defects. Some general trends in the reported literature are summarized and a specific mechanism whereby maternal alcohol consumption may adversely affect fetal development is examined in depth. Topics covered by this review include: U.S. maternal alcohol consumption rates; the pharmacology of alcohol; associations between maternal alcohol abuse and adverse fetal development; long-term effects; risk factors (for example altered nutrition); animal studies; hypoxia and teratogenesis; and paternal factors.

DESCRIPTORS: Fetal alcohol syndrome, Alcoholism, Pregnant women, Congenital disorders, Prenatal period, Postnatal development, Literature reviews

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76 **The Effect of Caffeine on Placental and Fetal Blood Flow in Human Pregnancy.**
Kirkinen, P., Jouppila, P., and Koivula, A.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 147(8):939-942, December 1983

ABSTRACT: A study of 20 hospitalized mothers at a mean gestational stage of 38 weeks who had been accustomed to drinking 3-6 cups of coffee/day (i.e., 300-600 mg. caffeine) assessed the immediate effects of two cups of coffee on placental and fetal blood circulation during the last trimester. Thirty minutes after ingestion, the mothers' blood caffeine and epinephrine levels were significantly elevated above fasting levels. Maternal intervillous placental blood flow also decreased, but fetal umbilical venous blood flow was unaffected. The results suggest that caffeine consumption by pregnant women may offer a perinatological risk.

DESCRIPTORS: Pregnant women, Blood, Caffeine, Coffee, Prenatal period, Blood composition, Clinical investigations

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77 **Effects of Alcohol on the Fetus: Impact and Prevention.**
Little, Ruth E. and Streissguth, Ann Pytkowicz.

FORMAT: Article; Technical, Practical

SOURCE: Can Med Assoc J, 125(2):159-164, July 1981

ABSTRACT: A detailed review of the recent literature summarizes the adverse effects of maternal alcohol abuse and moderate maternal alcohol intakes during pregnancy on the fetus and infant, and considers the magnitude of these effects in pregnant women. Intervention strategies are presented for preventing these effects on the fetus and for reducing alcohol abuse by pregnant women. These strategies are based on public and professional education and the provision of alcohol education services to pregnant women as part of their prenatal care. Various risk factors for intrauterine exposure to alcohol are reviewed: fetal alcohol syndrome; fetal alcohol effects on perinatal mortality, low birth weight, and lower IQ; dose-response risk for moderate drinkers; and the burden of alcohol abuse during pregnancy on the population at large.

DESCRIPTORS: Alcoholism, Pregnant women, Prenatal period, Fetal alcohol syndrome, Low birth weight infants, Literature reviews

78 **Effects of Maternal Drinking and Marijuana Use on Fetal Growth and Development.**
Hingson, Ralph, Day, Nancy, and Dooling, Elizabeth.

FORMAT: Article; Technical

SOURCE: Pediatrics, 70(4):539-546, October 1982

ABSTRACT: A hospital study of 1,690 mother/child pairs was conducted to assess the impact of maternal alcohol consumption on fetal development when confounding variables were controlled. Level of maternal drinking prior to pregnancy was associated with shorter duration of gestation. Lower maternal weight change, history of maternal illnesses, cigarette smoking, and marijuana, however, were more consistently related to adverse fetal growth and development. New findings in this study include a negative association between maternal marijuana use during pregnancy and fetal growth. Also when confounding variables were controlled, women who used marijuana during pregnancy were 5 times more likely to deliver infants with features considered compatible with the fetal alcohol syndrome.

DESCRIPTORS: Maternal-fetal exchange, Drug effects, Alcohol, Risk factor, Fetal growth, Dietary factors, Nutrient intake, Fetal alcohol syndrome, Marijuana

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79 **Influence of Maternal Cigarette Smoking During Pregnancy on Fetal and Childhood Growth.**
Naeye, Richard L.

FORMAT: Article; Technical

SOURCE: Obstet Gynecol, 57(1):18-21, January 1981

ABSTRACT: A study of the medical records of over 8000 pregnancies in 12 hospitals evaluated various possible mechanisms for fetal growth retardation associated with maternal cigarette smoking. The study results indicated that fetal growth retardation was unaffected by maternal pregnancy weight gain or prepregnancy weight. As the retardation was present in intrapair comparison of siblings whose mothers smoked during only one pregnancy, it was not due to genetic factors. Furthermore, since permanent injury to uterine arteries occurs from cigarette smoking, and since fetal growth retardation essentially ceased when cigarette smoking was given up during pregnancy, inadequate placental perfusion apparently is not involved in such retardation. Undernutrition and placental underperfusion were also excluded as major factors contributing to fetal growth retardation.

DESCRIPTORS: Pregnant women, Risks, Lifestyle, Behavior, Prenatal period, Fetal development, Pregnancy, Birth weight, Tobacco smoking

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80 **Marijuana Use During Pregnancy and Decreased Length of Gestation.**
Fried, P. A., Watkinson, B., and Willan, A.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 150(1):23-27, September 1984

ABSTRACT: A prospective study of 84 women who used marijuana during pregnancy examined its effect on infant birth weight and the length of the gestation period. After adjusting for nicotine and alcohol use, parity, infant's sex type, and maternal prepregnancy weight, marijuana use of 6 times or more/week reduced the gestation period by 0.8 weeks; no effect on infant birth weight, however, was observed. The data also revealed a dose-dependent trend in the reduction of the gestation period for heavy users of marijuana.

DESCRIPTORS: Marijuana, Pregnancy, Birth weight, Gestation period, Prenatal period, Drug effects

81 **Maternal Alcohol Consumption and Birth Weight: How Much Drinking During Pregnancy is Safe?**
Mills, James L., Graubard, Barry I., and Harley, Ernest E.

FORMAT: Article; Technical, Practical

SOURCE: JAMA, 252(14):1875-1879, October 1984

ABSTRACT: A large prospective study involving a cohort of over 30,000 pregnancies that were well-characterized with respect to other risk factors, examined the effect of maternal alcohol consumption on birth weight. Low birth weight incidence below the 10th percentile of weight for gestational age increased with increased alcohol consumption, ranging from 14 gm. (for mothers having less than 1 drink/day) to 165 gm. (3-5 drinks/day). The data support the enhanced risk of low birth weight infants by mothers regularly consuming excess alcohol, and indicate that a maternal consumption of less than 1 drink/day has a minimal effect on fetal development and birth weight.

DESCRIPTORS: Alcohol, Pregnant women, Low birth weight infants, Birth weight, Prenatal period, Maternal nutrition, Longitudinal studies, Epidemiology

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82 **Pregnancy Outcome in North American Women: 1. Effects of Diet, Cigarette Smoking, and Psychological Stress on Maternal Weight Gain.**
Picone, Thomas A., Allen, Lindsay H., and Schramm, Margaret M.

FORMAT: Article; Technical

SOURCE: Am J Clin Nutr, 36(6):1205-1213, December 1982

ABSTRACT: A study assessed the possible correlations of caloric intake, cigarette smoking, and psychological stress on maternal weight gain during pregnancy in 60 women of similar anthropometric dimensions, socioeconomic status, and health status. It was found that low weight gain (at or below 15 lbs.) was associated with a diminished food intake, and that smoking and stress may promote low weight gain by reducing the use of calories for weight gains. Stress negatively correlated with weight gain, but not with calorie intake.

DESCRIPTORS: Weight gain, Pregnant women, Calorie intake, Tobacco smoking, Stress management, Birth weight, Clinical investigations, Diet studies

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83 **Smoking and Pregnancy Outcome of Adolescents.**
Carruth, Betty Ruth.

FORMAT: Article; Technical

SOURCE: J Adol Health Care, 2(2):115-120, December 1981

ABSTRACT: A study compared the dietary habits and cigarette smoking behavior of 39 smoking and 28 non-smoking pregnant adolescents, and related these to infant birth weight and infant APGAR scores. The results found no relationship between smoking and infant birth weight, APGAR scores, maternal weight gain, or dietary deficiencies, but smoking was related to low pregravid weight. Diet assessments revealed smokers and non-smokers alike to have inadequate Fe and folic acid intakes. Examination of eating habits revealed snacking to be a major calorie source and that 25-50% of the food consumed was eaten away from home.

DESCRIPTORS: Pregnant adolescents, Lifestyle, Birth weight, Diet studies, Nutrient deficiencies, Eating habits, Tobacco smoking

EXERCISE DURING PREGNANCY

84 **Aerobic Conditioning, Nutrition, and Pregnancy.**
Botti, John J. and Jones, Robert L.

FORMAT: Article; Technical

SOURCE: Clin Nutr, 4(1):14-17, February 1985

ABSTRACT: Aspects of nutrition and exercise during pregnancy are reviewed for health care professionals. Topics include: a review of the effects of exercise and physical activity on the mother and fetus during pregnancy; a discussion of the Hershey Medical Center approach to exercise during pregnancy; dietary considerations relative to exercise; and nutritional recommendations for exercising, pregnant women. Strenuous, continued exercise may increase risks of hypoxia, energy supply disruption, and fetal hyperthermia resulting in cardiac failure. However, aerobic conditioning by women before pregnancy can produce physiological alterations that are beneficial during pregnancy. Caloric and fluid intake requirements will vary among pregnant women who are otherwise evenly matched but differ in the amount of daily aerobic work or exercise. Changes in selected nutrient requirements (calories, protein, Fe, Ca) for exercising and non-exercising pregnant women are tabulated.

DESCRIPTORS: Pregnant women, Exercise, Nutrient requirements, Energy intake, Health hazards, Literature reviews, Guidelines, Physical activity

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85 **Current Controversies: Exercising During Pregnancy.**
Snyder, Donna K. and Carruth, Betty R.

FORMAT: Article; Practical, Technical

SOURCE: J Adol Health Care, 5(1):34-36, January 1984

ABSTRACT: A review article summarizes and discusses the potential effects of exercise on pregnancy and maternal and fetal health. Recent research findings seem to support the idea that non-weight bearing aerobic exercise to increase maternal heart rate moderately, may have beneficial effects on pregnancy. It is concluded that the potential benefits and hazards of exercise for pregnant women remain unclear, and further research studies are needed.

DESCRIPTORS: Pregnant women, Exercise, Risks, Benefits, Infants, Literature reviews, Fetal development

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86 **Effect of Short-Term Maternal Exercise on Maternal and Fetal Cardiovascular Dynamics.**
Pijpers, L., Wladimiroff, J. W., and McGhie, J.

FORMAT: Article; Technical

SOURCE: Brit J Obstet Gynecol, 91(11):1081-1086, November 1984

ABSTRACT: The effects of short-term, moderate maternal exercise on the maternal and fetal cardiovascular systems were evaluated in normal nulliparous women commonly assigned to an exercise group between 34-38 weeks gestation. Maternal heart rate and both systolic and diastolic blood pressures were elevated, but the mean blood flow rate in the descending aorta in the fetus and fetal heart rate were unaffected. These results suggest that moderate, short-term exercise does not produce fetal cardiovascular stress.

DESCRIPTORS: Pregnant women, Fetus, Exercise, Cardiovascular system, Prenatal period

87 **Endurance Exercise and Pregnancy Outcome.**
Clapp, James F. III and Dickstein, Sherry.

FORMAT: Article; Technical

SOURCE: Med Science Sport Exer, 16(6):556-562, 1984

ABSTRACT: The interaction between maternal endurance exercise level and pregnancy outcome was examined in 152 women registering for prenatal care over a 3-month interval. Actual exercise performance data were obtained by interview; relevant demographic and obstetrical data related to pregnancy outcome were obtained from clinical records. Subjects were divided into three groups based on endurance exercise activity prior to and throughout pregnancy. Women who reported at the initial interview that they planned to continue exercising during pregnancy were re-interviewed between 28 and 34 weeks gestation and divided into two groups--those who had continued to exercise and those who had stopped. Both groups were compared to matched sedentary controls. The statistically significant findings based on epidemiological analyses of the data were: 1) smaller weight gain, 2) earlier delivery, and 3) lighter infants without increased immediate morbidity in women who continued exercising compared to women who stopped before the 28th gestational week. Pregnancy outcome for women who stopped exercising was not significantly different from sedentary controls. Actual exercise performance level may have influenced the magnitude of the effects on pregnancy outcome. Results differ from those reported in other studies that showed no effects of maternal exercise on pregnancy outcome parameters, possibly due to differences in design, group assignment, and the exercise variables considered.

DESCRIPTORS: Pregnancy, Exercise, Birth weight, Pregnancy complications

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88 **The Interactions of Exercise and Pregnancy: A Review.**
Lotgering, Frederik, Gilbert, Raymond D., and Longo, Lawrence D.

FORMAT: Article; Technical

SOURCE: Am J Obstet Gynecol, 149(5):560-568, July 1984

ABSTRACT: A literature review summarizes the current understanding of the effects of exercise on the pregnant woman, fetus, and infant, and the extent to which pregnancy influences the ability of women to perform strenuous activity. Topics include: maternal oxygen consumption; physical working capacity during pregnancy; uterine oxygen consumption by the fetus; the effect of heat production and body temperature changes during exercise; changes in respiratory blood gases; ancillary fetal responses; and the effect of exercise on fetal outcome. Both human and animal studies are included and needed research areas are identified.

DESCRIPTORS: Exercise, Pregnant women, Physical activity, Prenatal period, Fetus, Literature reviews

89 **Jogging During Pregnancy: An Improved Outcome?**
Jarrett, John C. and Spellacy, William N.

FORMAT: Article; Technical

SOURCE: Obstet Gynecol, 61(6):705-709, June 1983

ABSTRACT: A questionnaire survey completed by 67 experienced adult female runners (ages 24-36) who continued to jog while pregnant revealed that neither neonatal birth weight nor gestational age was associated with the amount of jogging during pregnancy, or during the final trimester. Furthermore, maternal and fetal medical complications were low. The survey results seem to indicate that jogging by experienced women during pregnancy does not harm the fetus.

DESCRIPTORS: Jogging, Pregnant women, Physical activity, Prenatal period

FOOD HABITS OF ETHNIC GROUPS

90 **Ethnic and Regional Foodways in the United States.**
Brown, L.K. and Mussel, K.

FORMAT: Book; Technical

SOURCE: Knoxville: University of Tennessee Press, 1984

ABSTRACT: Twelve papers on ethnic identity and ethnic groups address the question of how customs surrounding the preparation and consumption of food define ethnic minorities within the U.S. population. A wide variety of food habits specific to ethnic groups are covered (including the food practices of Italians, Russians, Molokans, Jews, Cajuns, Migrant Mexicans, Mormons, Hindus, and Seminole Indians). The papers are grouped among themes: theoretical and field studies of the associations of foods with ethnic identity; field studies concerning food as the rhetoric of regionalization; religion and resocialization in hybridized ethnic-U.S. groups; and food and nutritional considerations for public policy.

DESCRIPTORS: Reference works, Ethnic groups, Food habits, Cultural behavior, Food preference, Food consumption, Literature reviews, United States

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91 **Ethnicity and Food Habits.**
Sanjur, D.

FORMAT: Book; Technical, Practical

SOURCE: Social and Cultural Perspectives in Nutrition, Sanjur, D., Ed., Englewood Cliffs: Prentice-Hall Inc., 233-284, 1982

ABSTRACT: Ethnic dietary patterns in America and their impact on the U.S. dietary heritage are examined in this overview of food habits and practices of American immigrant and ethnic groups. The corresponding influence of the U.S. food pattern on these groups' habits is also considered. Theories of poverty are discussed, including 1) the "culture of poverty" theory, 2) the theory of "culture and poverty," 3) the concept of cultural deprivation, and 4) economic, social, and nutritional marginality. Five major sociocultural subgroups in America are examined in detail: Puerto Ricans, Mexican Americans, Black Americans, Native Americans (i.e., Alaskan Eskimos and Southwest, Plains, Woodlands, Navajo, White Mountain Apache, and Hopi Indians), and Asian Americans (i.e., Chinese, Japanese, Vietnamese, Filipinos, and Hawaiians). The following aspects of the subcultures' diets are discussed: 1) historical and demographic profiles, 2) strengths and weaknesses of dietary and nutritional patterns, 3) recent changes in food selection and preparation practices, 4) results of dietary and nutritional surveys of population groups, and 5) recommendations for changing food habits to improve nutrient intakes. Food and nutrition problems of the migrant farm worker related to his/her overall socioeconomic condition are explored. An understanding of the food habits and practices of diverse ethnic groups and the factors that influence them is critical to the design of successful nutrition intervention programs. A series of individual bibliographies on each ethnic group is provided.

DESCRIPTORS: Teaching materials, Textbooks, Ethnicity, Cultural influences, Poverty, Food habits, Nutrition, United States

92 **Ethnicity and Medical Care.**
Harvard, Alan.

FORMAT: Book; Technical, Practical

SOURCE: Cambridge: Harvard University Press, 1981

ABSTRACT: A reference text for physicians, nurses, social workers and other health care providers and planners provides practical sociocultural information pertinent to the provision of health services to several major U.S. ethnic groups. The text also is intended for university medical educators and behavioral scientists as a compilation and summary of current health-related information about various ethnic groups. Seven of the 8 text chapters, prepared by different authors, are directed toward specific population groups, viz.: urban black Americans; Chinese, Haitian, Italian, and Mexican Americans; Navahos; and mainland Puerto Ricans. The final text chapter provides specific guidelines for culturally appropriate health care. An introductory overview delineates various aspects of the U.S. ethnicity phenomenon, and the relationship of ethnicity to health beliefs and behavior.

DESCRIPTORS: Reference works, Health care, Beliefs, Behavior, Ethnic groups, Guidelines

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93 **Subcultural Prenatal Diets of Americans.**
Cassidy, C. M.

FORMAT: Book; Practical, Technical

SOURCE: Alternative Dietary Practices and Nutritional Abuses in Pregnancy, Proceedings of a Workshop, Committee on Nutrition of the Mother and Preschool Child, Food and Nutrition Board, National Research Council, Washington: National Academy Press, 25-61, 1982

ABSTRACT: Prenatal diets of various American subcultural groups and the possibility they may have deleterious effects on the mother or fetus are explored in this paper originally presented at a workshop on alternative dietary practices and nutritional abuses in pregnancy. Food beliefs, avoidances, aversions, and cravings associated with these diets are examined. Groups examined are Black Americans, Mexican Americans, Puerto Ricans, Jews, Islamics, Asian Americans, and Asian Indians. A series of tables presents data on lay beliefs associated with the prenatal diet, foods commonly disliked or avoided during pregnancy, and foods commonly craved during pregnancy. The nutritional significance of each of these types of behavior is explored and hypotheses are offered to explain them. In addition to subcultural diets, the origin and characteristics of the biomedically recommended prenatal diet are described. Characteristics most likely to pose problems for Americans who do not adhere to the orthodox middle-class American dietary pattern are identified. A conservative approach that is unbiased and non-judgmental and that encourages variety is recommended for counseling pregnant women from different groups who need to make dietary changes to meet nutritional goals. A comprehensive list of references is provided.

DESCRIPTORS: Reference works, Pregnancy, Eating habits, Cultural influences, Food beliefs, Food preferences, Diet counseling

MANAGEMENT OF COMMON CONCERNS AND SPECIAL DIETS

94 **Alternative Dietary Practices and Nutritional Abuses in Pregnancy: Proceedings of a Workshop.**
Committee on Nutrition of the Mother and Preschool Child, Food and Nutrition Board, National Research Council.

FORMAT: Book; Technical, Practical

SOURCE: Washington: National Academy Press, 1982

ABSTRACT: Workshop proceedings discuss cultural practices (vegetarian diets, pica) that affect nutrient intake during pregnancy and abuses (alcohol, smoking, caffeine, over-the-counter drugs, megadose nutrients) affecting health and nutritional status of the mother and fetus. The aims of the workshop were: to review and evaluate current research and to develop a report on the effects of certain abuses during pregnancy; to separate the effects of the abused substance from those effects that result from alterations in nutrient utilization; and to recommend interventions that are feasible and effective. Care is taken to make the results useful to personnel responsible for providing maternal and child care information.

DESCRIPTORS: Reference materials, Pregnancy, Pregnancy and nutrition, Drugs, Nutrient-nutrient interactions, Nutritional adequacy, Nutritional deficiencies

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95 **Hyperemesis Gravidarum: An Approach to the Nutritional Aspects of Care.**
Schulman, Patricia K.

FORMAT: Article; Practical, Technical

SOURCE: J Am Dietetic Assoc, 80(6):577-578, June 1982

ABSTRACT: Nutritionists have a role in treating high risk obstetric patients suffering from hyperemesis gravidarum. Re-introduction of oral feeding to replenish the patients' nutrients and establish good nutritional status are objectives for dietitians. Individualized, nutritious and palatable supplements are given to the patient several times each day; these are later replaced by easily digestible meals which the patient chooses. Team support, individualized care, and supplements provide important aspects for effective treatment of hyperemesis gravidarum.

DESCRIPTORS: Prenatal nutrition, Hospital food service, Dietary services, Nutritional status, Supplements (nutrient), Digestion, Team approach

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96 **Nutrition in Pregnancy of Women with Hyperphenylalaninemia.**
Acosta, Phyllis B., Blaskovics, Milan, and Lis, Elaine.

FORMAT: Article; Practical, Technical

SOURCE: J Am Dietet Assoc, 80(5):443-450, May 1982

ABSTRACT: Nutrient and tyrosine intakes and clinical data were examined with respect to pregnancy outcome for 6 hyperphenylalaninemic (phenylketonuria, PKU) women. Infants at birth were all growth retarded except one. Possible dietary reasons for this are discussed. Recommended clinical tests for treating pregnant PKU women and nutritional parameters for evaluation in the infant are described. A suggested protocol for the dietary management of maternal PKU is detailed. The study results are discussed relative to other published studies.

DESCRIPTORS: Hyperphenylalaninemia, Pregnant women, Phenylketonuria, Dietary factors, Fetal development, Birth weight, Longitudinal studies, Literature reviews

97 **Position Paper on the Vegetarian Approach to Eating.**
American Dietetic Association.

FORMAT: Article; Practical, Technical

SOURCE: J Am Dietet Assoc, 77(1):61-69, July 1980

ABSTRACT: A position paper defines, discusses and summarizes distinctions between the various types of vegetarian regimens from the standpoint of their impact on nutrient intakes, nutritional status, and overall health. Topics include: standard definitions for categorizing different vegetarian types and their eating patterns; a brief description of vegetarianism historically, and as it currently exists in the U.S., to provide a basis for understanding why individuals follow this eating style; specific aspects of nutrient intakes that may cause nutritional status problems; times of particular physiological risk, and other factors that influence nutritional and health status; and the implications of vegetarian diets on health promotion and on disease prevention and treatment. Guidelines for planning vegetarian diets are included.

DESCRIPTORS: Vegetarian diets, Health promotion, Risks, Nutrient deficiencies, Nutritional state, Diet planning, Disease prevention, Guidelines, Literature reviews

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98 **Role of Nutrition in the Management of the Pregnant Diabetic Patient.**
Schulman, Patricia K., Gyves, Michael T., and Merkatz, Irwin R.

FORMAT: Article; Practical, Technical

SOURCE: Seminars in Perinatology, 2(4):353-360, October 1978

ABSTRACT: An overview discusses the current state of knowledge regarding nutritional management of diabetes in pregnancy. Topics include: normal gestational nutritional requirements; therapeutic diets for managing gestational diabetes; nutritional requirements of insulin-dependent, pregnant diabetics; and the importance of an interdependent, multi-disciplinary health team for treating pregnant diabetics. Samples of recommended diets for pregnant diabetics are included.

DESCRIPTORS: Pregnant women, Diabetes in pregnancy, Nutritional requirements, Therapeutic diets, Patient care, Diet studies, Disease prevention, Literature reviews

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99 **Safe Natural Remedies for Discomfort of Pregnancy.**
Coalition for the Medical Rights of Women.

FORMAT: Booklet; Practical, Basic

SOURCE: San Francisco: Coalition for the Medical Rights of Women, 1981 (currently being revised)

ABSTRACT: A concern for the overuse of non-prescription drugs during pregnancy is the motivation for offering alternatives in this pamphlet. Presented in a format of prevention, useful remedies, medicine choices/non-choices, topics include nausea/vomiting, fatigue, allergies, heartburn, and other pertinent conditions common to pregnancy. A bibliography is included.

DESCRIPTORS: Teaching materials, Prenatal education, Pregnancy, Substance abuse, Preventive medicine, Exercise

100 **Vegetarian Diets in Pregnancy and Lactation: Recent Studies of North Americans.**
Dwyer, Johanna.

FORMAT: Article; Technical

SOURCE: J Can Dietet Assoc, 44(1):26-33, January 1983

ABSTRACT: A literature review summarizes and discusses vegetarian practices by pregnant women in Canada and the U.S., and the influence of such practices on pregnancy outcome and lactation capability. The literature indicates that most pregnant and lactating vegetarian women practice appropriate dietary habits, exercise adequate physiological care, and generally have satisfactory pregnancy outcomes. Unsatisfactory pregnancy outcomes are associated more with vegan than with lacto or lacto-ovo vegetarian pregnant women. This appears to be the case particularly with women who become associated with the more radical ("new") vegetarian sects and who do not make use of an orthodox health care system. Guidelines for assessing and treating potential nutritional problems of vegetarian pregnant women are suggested.

DESCRIPTORS: Lactating women, Pregnant women, Vegetarian diets, Nutritional state, Infants, Nutrient requirements, Food habits, Nutritional deficiencies, Iron, Energy intake, Vitamin D, Zinc, Vitamin B12, Literature reviews

NUTRITION ASSESSMENT IN PREGNANCY

101 **Assessment of Maternal Nutrition.**
Task Force on Nutrition, American College of Obstetricians and Gynecologists.

FORMAT: Booklet; Practical, Technical

SOURCE: The American College of Obstetricians and Gynecologists and The American Dietetic Association, 1978

ABSTRACT: Authoritative guidelines for obstetricians and gynecologists provide a practical approach to the nutritional assessment of the maternity patient to ensure that suitable intervention measures may be initiated to counteract any significant dietary abnormalities. Three sections of the text describe the areas of information required to quantify the need for nutritional intervention: 1) a standard medical history and physical examination that considers nutritional risk factors; 2) an eating habits questionnaire that monitors nutrient intakes; and 3) special physical observations and clinical laboratory tests of nutritional adequacy. The text provides guidelines for the evaluation of food consumption of 5 food groups with specific regard to protein, Ca, Fe, and vitamins A and C, and discusses physical examination and laboratory assessment tools. An interpretive guide to selected abnormal findings is included and weight-height, weight gain, and fetal development data and references are appended.

DESCRIPTORS: Pregnant women, Nutritional assessment, Therapeutic diets, Nutritional state, Nutrient requirements, Patient care, Guidelines

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102 **Laboratory Indices of Nutritional Status in Pregnancy.**
Committee on Nutrition of the Mother and Preschool Child, Food and Nutrition Board, National Research Council.

FORMAT: Book; Technical

SOURCE: Washington: National Academy Press, 1978

ABSTRACT: The current state of knowledge about laboratory indices of nutritional and metabolic status during normal pregnancy is reviewed providing normative data. Gaps and deficiencies in understanding of pregnancy are identified. Considered are physiologic adjustments in general, hematologic indices, electrolytes, carbohydrates and lipid metabolism, nitrogenous indices, vitamin indices, and trace elements.

DESCRIPTORS: Nutritional status, Laboratory indices, Metabolism, Pregnancy, Pregnant women, Carbohydrate metabolism, Vitamins, Lipid metabolism, Trace elements

103 **Nutrition in Pregnancy and Lactation.**
Worthington-Roberts, Bonnie S., Vermeersch, Joyce, and Williams, Sue Rodwell.

FORMAT: Book; Technical

SOURCE: St. Louis: C.V. Mosby, 1981

ABSTRACT: A physiological approach to nutrition as it relates to pregnancy, lactation, and the periods before and between these conditions, is designed to aid the clinical application of nutritional practice by health professionals. The status of maternal nutrition in the U.S. is reviewed in terms of reproductive casualties and causative factors. The nutritional requirements of pregnancy, how they affect outcome, and how to supply nutritional support and education are discussed. Guidelines are provided for extra nutritional counseling which may be indicated for the special concerns of pregnancy, such as toxemias, anemias, and diabetes. The physical and psychological components of lactation are explored, and suggestions are made on how to provide the greatest assistance to lactating mothers. Family planning in various societies is discussed. The concluding topic is the importance of nutrition education in preparing young people for the reproductive process.

DESCRIPTORS: Instructional materials, Health occupations education, Medical education, Clinical nutrition, Pregnancy and nutrition, Lactation, Diet counseling, Applied nutrition, Adult nutrition education, Reference materials

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104 **Nutritional Requirements and Nutritional Status Assessment in Adolescence.**
Mahan, L. Kathleen and Roseborough, Robin H.

FORMAT: Book; Technical, Practical

SOURCE: Nutrition in Adolescence, Mahan, L. K., Rees, J. M., St. Louis: Times Mirror/Mosby College Publishing, 40-76, 1984

ABSTRACT: Nutritional assessment of adolescents includes both the study of the nutritional environment and the nutritional status of the subject. Because of differences in rates of growth and changes in body composition, the nutritional needs of adolescent males are greater than those of females of the same age. Many of these requirements are not adequately met by teenagers because of life style factors and available choices from the food supply. Intakes of iron, calcium, zinc, pyridoxine, folic acid, riboflavin, and vitamin A are most likely to be inadequate, with an overemphasis on fat, sodium, and sugar. Various techniques of nutritional assessment, including skinfold measurements, hair analysis and blood analysis, are discussed in terms of their application to assessment of specific nutritional factors. The clinical nutritionist or dietitian should emphasize the importance of a balanced diet for the adolescent patient.

DESCRIPTORS: Adolescents, Nutritional assessment, Nutritional state, Diagnoses, Nutritional requirements

105 **Prenatal Nutrition: A Clinical Manual.**
Butman, Marcia.

FORMAT: Book; Technical, Practical

SOURCE: Boston: Massachusetts Department of Public Health, 1982

ABSTRACT: A working manual for nutritionists and clinical personnel includes theoretical background, technical information and counseling techniques that can be used to teach nutrition to pregnant women. Written by a WIC nutritionist, it consolidates information collected to answer pregnant women's concerns about their own and their child's nutritional needs. Graphics which have helped pregnant women understand nutrition concepts have been included, in addition to listings of films, teaching aids, pamphlets and books. The appendices contain information on breastfeeding, a list of teaching aids, and a profile of popular prenatal vitamins.

DESCRIPTORS: Reference works, Pregnant women, Nutritional requirements, Nutrient requirements, Pregnancy, Nutrients, Nutrient uptake, Nutrition physiology, Post partum interval, Guidance

TEENAGERS AND LACTATION

106 **Breastfeeding-A Guide for the Medical Professional.**
Lawrence, R. A.

FORMAT: Book; Practical, Technical

SOURCE: St. Louis: C. V. Mosby Co., 1980

ABSTRACT: A comprehensive reference text for clinicians and physicians provides authoritative information concerning the clinical management of the mother-infant nursing couple with respect to breastfeeding. Topics include: the significance of breastfeeding in modern medicine; the anatomy of the female breast and the physiology of lactation; biochemical, host-resistant, and immunological mother-infant bond; contradictions and disadvantages; maternal and infant diets and supplements; weaning; drugs in maternal milk; normal and abnormal (failure-to-thrive, obesity) breastfed infant development; breastfeeding by working mothers; allergy-preventive aspects of breastmilk; induced and re-lactation; reproductive function during lactation; human milk banking; and maternal support groups. Additional information and reference data are provided in 14 appendices, and references are appended to each of the chapters.

DESCRIPTORS: Reference works, Breast feeding, Human milk, Infant feeding, Nutritional value, Disease prevention, Guidelines, Parent-child relationships

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107 **Decreased Bone Mineral Status in Lactating Adolescent Mothers.**
Chan, G.M.A. Jr, Ronald, N., and Slater, P.

FORMAT: Article; Technical

SOURCE: J Pediatrics, 101(5):767-770, November 1982

ABSTRACT: A clinical study assessed the calcium (Ca) and bone mineral status at 2 and 16 weeks of lactating adolescent mothers using 4 study groups: 12 lactating adolescents; 11 non-lactating adolescents; 11 lactating adults; and 11 nulliparous adolescent controls. The results indicate that adolescent mothers during 16 weeks of lactation may be at bone demineralization risk due to low Ca or phosphorus (K) intakes. While no differences were found among the 4 groups at 2 or 16 weeks in maternal serum levels of Ca, K, alkaline phosphatase, or 25-hydroxyvitamin D and no differences were found among the groups in bone mineral content at 2 weeks, the bone mineral content of the lactating adolescents at 16 weeks was less than that in the other 3 groups. Only 30% of the lactating adolescents met recommended dietary allowances for Ca and K, compared to 70-85% for the other 3 groups.

DESCRIPTORS: Lactating females, Bone mineralizaton, Adolescents, Mineral deficiencies, Calcium, Phosphorus, Nutrient intake, Bone density

108 **Infant Feeding Choice and the Adolescent Mother.**
Vanpoppel, Dorothy Ray and Estok, Patricia Jenaway.

FORMAT: Article; Technical

SOURCE: J Obstet Gyn Nurs, 13(2):115-118, March/April 1984

ABSTRACT: A survey was designed to identify sources of information that influenced the infant feeding method choices made by a group of 25 adolescent mothers. The results indicated that the most frequently cited source of information on infant feeding was the mother's family and social environment, with magazines ranked second. Only 2 of the mothers sought such information from clinical nurses. The survey also indicated that most mothers made their infant feeding decisions in early pregnancy. The authors conclude that nurses need to improve their image as a source of information for adolescent mothers.

DESCRIPTORS: Infant feeding, Pregnant adolescents, Food habits, Nutrition information, Nutrition education, Breast feeding

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109 **The Lactating Adolescent.**
Lawrence, R. A.

FORMAT: Article; Practical, Technical

SOURCE: The Adolescent Family--Ross Roundtable Report, Columbus: Ross Laboratories, 32-42, 1984

ABSTRACT: Three questions are presented in this paper from the Fifteenth Ross Roundtable entitled The Adolescent Family. These questions are: 1) can adolescents lactate successfully? 2) do adolescents lactate successfully? and 3) should adolescents breastfeed (does it make a difference)? Studies, anecdotal comments, and conclusions are presented and discussed. A discussion panel offers comments and suggestions on this specific topic as well.

DESCRIPTORS: Reference works, Professional education, Pregnant adolescents, Lactation, Breast feeding, Infant feeding, Socioeconomic status

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110 **Loss of Bone Mineral Content in Lactating Adolescents.**
Greer, F. R. and Garn, S. M.

FORMAT: Article; Technical

SOURCE: J Pediatrics, 101(5):718-719, November 1982

ABSTRACT: An editorial discusses and critiques a published study that reported an apparent 10% loss in bone mineral content (BMC) in adolescents after 4 months of lactation, but no loss of BMC in an adult lactating control group over the same period. The possible effects of emotional stress and high protein intake for enhancing calcium (Ca) lost as bone mineral are discussed, but the need for additional research is stressed. It is concluded that the study results appear to be out of line with the relatively high Ca intake of the subjects, and implausibly high with respect to current knowledge of bone loss in conditions known to induce such loss.

DESCRIPTORS: Bone disorders, Lactating females, Adolescents, Food and nutrition controversies, Nutrient requirements, Mineral metabolism

INFANT FEEDING RECOMMENDATIONS

111 **Child of Mine: Feeding With Love and Good Sense.**
Satter, Ellyn.

FORMAT: Book; Practical

SOURCE: Palo Alto: Bull Publishing Company, 1983

ABSTRACT: Advice is presented for mothers concerning a moderate and wholesome diet, and guidelines to solving some of the nutritional problems of childhood. The material is designed to serve as a handbook and guide covering the 4-year period from pregnancy through the toddler period (roughly, age 3). Problems addressed cover: selecting food for the child that is developmentally and nutritionally appropriate; feeding the mother in a manner to produce a healthy baby and provide sufficient breast milk; preventing obesity; and reducing the inevitable difficulties of feeding the child in the toddler period. Topics include: nutrition for pregnancy; breastfeeding and bottle feeding; introducing solid foods; and special issues (diarrhea, food intake regulation, obesity). Dietary allowances, weight tables, and nutrient contents of foods are given in appendices.

DESCRIPTORS: Popular works, Infant nutrition, Child nutrition, Infant feeding, Child development, Infant development, Mother-child relations

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112 **Nutrition in Infancy and Childhood.**
Pipes, P.L.

FORMAT: Book; Technical

SOURCE: St. Louis: C. V. Mosby Co., 1985

ABSTRACT: The role played by nutrition in growth and development, and the energy and nutrient requirements of children are the focus of a text for students of health care occupations. How much and what kinds of foods are appropriate for children are described. The collection and assessment of food intake information is discussed. Many aspects of eating and feeding during infancy, childhood and adolescence are examined. These include: the development of feeding patterns; management of mealtime behavior; nutrition and athletics; vegetarian diets; diet and hyperactivity; nutrition of the developmentally handicapped; and other special nutritional problems and concerns.

DESCRIPTORS: Teaching materials, Textbooks, Health occupations education, Post-secondary education, Child nutrition, Infant nutrition, Nutrient physiology, Hyperactivity, Nutritional assessment, Diet planning, Vegetarian diets

113 **On the Feeding of Supplemental Foods to Infants.**
Committee on Nutrition, American Academy of Pediatrics.

FORMAT: Article; Practical, Technical

SOURCE: Pediatrics, 65(6):1178-1181, June 1980

ABSTRACT: Guidelines concerning the feeding of supplemental foods to infants are presented and discussed. Attention is given to: the nature and characteristics of the 3 overlapping infant feeding periods (nursing, transitional, and modified adult periods); considerations of the nutritional value of solid baby foods; increased water intake requirements for solid baby foods; restricted intakes of sodium; the hazards, diagnosis, and management of food sensitivity; and the possible association between supplemental foods for infants and obesity. Specific recommendations are summarized. It is concluded that the introduction of supplemental foods prior to 4-6 months of age offers no nutritional advantage.

DESCRIPTORS: Supplementary feeding, Infant foods, Infant feeding, Water, Sodium, Food-related disorders, Obesity, Guidelines

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114 **Recommendations for Feeding Normal Infants.**
Fomon, Samuel J., Filer, Lloyd J., and Anderson, Thomas A.

FORMAT: Article; Practical, Technical

SOURCE: Pediatrics, 63(1):52-59, January 1979

ABSTRACT: Recommendations for feeding normal, full-term infants before and after six months of age are based on the authors' personal opinions and observations. For the first six months of life, breastfeeding is preferred, if the mother is so inclined, but the woman who chooses not to breastfeed should not be made to feel guilty. An occasional formula feeding during this time is not harmful. Exclusively breastfed infants should be supplied with iron, vitamin D, and flouride supplements (7 mg., 400 I.U., 0.25 mg. per day respectively) to prevent any deficiency conditions. Infants fed commercially prepared, iron-fortified formulas require only flouride supplements, and evaporated milk formula is an acceptable alternative, with the addition of 20 mg. of vitamin C and 7 mg. of iron daily. Beikost, or foods other than milk or formula, should not be introduced until 5 or 6 months of age. Infants should be permitted to stop feeding at the first indication of satiety, in order to support good eating habits in later life. For infants 5-6 months of age or older, commercially prepared dry fortified cereal is recommended. Other foods, including vegetables, fruit, and protein foods may be introduced at this age, but no more than one or two new foods per week. Whole milk is recommended with a vitamin C supplement, but reduced fat milk is not, when intakes of non-formula foods increase to approximately 200 gm. per day. A table of desirable supplements for infants is included.

DESCRIPTORS: Infant nutrition, Infant feeding, Breast feeding, Infant foods, Infant formulas, Supplements, Guidelines

115 **Toward a Prudent Diet for Children.**
Committee on Nutrition, American Academy of Pediatrics.

FORMAT: Article; Practical, Technical

SOURCE: Pediatrics, 71(1):78-80, January 1983

ABSTRACT: This authoritative medical commentary stresses the importance of advocating a prudent diet in childhood to reduce atherosclerotic disease risk in later life. Particular attention is given to risks posed by elevated dietary cholesterol, refined sugar, and caloric and fat intakes, suggesting a concomitant increase in complex carbohydrates and fiber while ensuring an adequate nutrient density. Specific recommendations for changes in infants' and children's diets are included.

DESCRIPTORS: Cardiovascular diseases, Disease prevention, Dietary factors, Infants, Children, Child nutrition, Guidelines

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116 **The Use of Whole Cow's Milk in Infancy.**
Committee on Nutrition, American Academy of Pediatrics.

FORMAT: Article; Practical, Technical

SOURCE: Pediatrics, 72(2):253-255, August 1983

ABSTRACT: Recommendations concerning infant feeding during the second 6 months of life are presented and discussed, and further needed research is identified. Consideration is given to: cow's milk and iron deficiency; cow's milk protein intolerance ("allergy"); the renal solute load of cow's milk; defatted cow's milks; solid foods; and iron supplementation. It is concluded that breastfeeding with appropriate supplementation is the preferred method of feeding 6-12 month-old infants. There is no convincing evidence from well-designed research studies that infant feeding of whole cow's milk after 6 months of age is harmful if adequate supplementary feedings are given (i.e., 1/3 of calories as supplemental foods, consisting of a balanced mixture of cereals, vegetables, fruit, and other foods).

DESCRIPTORS: Milk, Infant feeding, Nutrient intake, Infant nutrition, Breast feeding, Infants, Literature reviews

COUNSELING STRATEGIES/NUTRITION EDUCATION APPROACHES FOR TEENAGERS

117 **Counseling Adolescents for Dietary Change, Publication No. 70-056A.**
Coates, T.J.

FORMAT: Book; Practical, Technical

SOURCE: Dallas: American Heart Association, 1982

ABSTRACT: Principles for counseling adolescents about dietary requirements and the need to adjust food habits to ensure adequate nutrient intake are presented. The latest information on dietetics, counseling, adolescent psychology, and behavior change is included. Designed for a variety of professionals to use, it addresses issues pertinent to adolescents and should be used with instructional programs. Chapters 1-6 look at the adolescent, identify action-oriented counseling, describe how to build rapport, complete an assessment, and plan for changes. Chapters 7-12 discuss family involvement, independent thinking, role models, and maintaining interest and motivation, in addition to a discussion of aspects of counseling. Chapter 13 provides further readings. Note: Although the content does not deal with pregnant teens, the techniques outlined are applicable for this group.

DESCRIPTORS: Reference materials, Adolescents, Nutrition, Counseling, Diet counseling, Planning, Health

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118 **Reaching and Helping the Adolescent Who Becomes Pregnant.**
Steinman, Mary Ellen.

FORMAT: Article; Technical, Practical

SOURCE: Maternal Child Nurs, 4(1):35-37, January/February 1979

ABSTRACT: Health professionals working with pregnant adolescents need to structure the program so that the student will seek initial help and remain within the program. Five essential considerations include: 1) a working knowledge of the adolescent cognitive and social development states, 2) professional awareness of the potential obstetrical complications of pregnant adolescents, 3) an interest in making the services available acceptable to adolescents, 4) an ability to selectively adapt such services to meet the specific needs of each adolescent, and (5) a commitment to provide continuing services after the pregnant adolescent gives birth.

DESCRIPTORS: Pregnant adolescents, Health care, Patient care, Guidelines

119 **Working With the Pregnant Teenager: A Guide for Nutrition Educators, Program Aide No. 1303.**
U.S. Department of Agriculture, U.S. Department of Health and Human Services, March of Dimes.

FORMAT: Book; Practical, Technical

SOURCE: U.S. Government Printing Office, 1981. Write to: USDA, Food and Nutrition Service, NTSD, Room 609, 3101 Park Center Drive, Alexandria, VA 22303

ABSTRACT: Criteria for nutritional risk, nutritional requirements of teenagers, and counseling strategies are explained. Four sample lesson plans especially designed for teens provide learning activities and materials to meet stated objectives and evaluation activities, including a nutrition self-assessment questionnaire. The large wall chart, "How a Baby Grows," describes and illustrates the monthly growth of the fetus and changes in the mother's body, and highlights appropriate health care measures. Two additional posters show photographs of teenagers and promote wise food choices, and good health habits.

DESCRIPTORS: Instructional materials, Diet counseling, Lesson plans, Teaching guides, Pregnant adolescents, Prenatal nutrition, Prenatal education

MODELS OF SERVICE AND COMMUNITY RESOURCES FOR PREGNANT TEENAGERS

120 **Adolescent Pregnancy Prevention Services in High School Clinics.**
Edwards, Laura E., Steinman, Mary E., and Arnold, Kathleen A.

FORMAT: Article; Technical, Practical

SOURCE: Fam Plan Perspect, 12(6):6-7, 11-14, January/February 1980

ABSTRACT: The development of a school clinic program to provide comprehensive, multi-disciplinary health care to adolescents for contraception, family planning or related services is described. In the 3-year period since inception of the clinic program at 2 high schools, pregnancy and fertility declined by 40 and 23%, respectively. As a result of the program, 25% of the female students have received family planning education and 87% of those requesting contraception assistance have continued it for 3 years.

DESCRIPTORS: Adolescents, Women, Pregnancy, Education, Health care, Program development, Program evaluation, Reviews, Pregnant adolescents, High school students, Health clinics, Contraception

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121 **Effects of Parent Training on Teenage Mothers and Their Infants.**
Field, Tiffany, Widmayer, Susan, and Greenberg, Reena.

FORMAT: Article; Technical

SOURCE: Pediatrics, 69(6):703-707, June 1982

ABSTRACT: A comparison study examined the effects of two parent training programs on 80 low income black teenage mothers and their infant (birth to 6 months) offspring. One program provided infant care training in the home; the other was a job training program that provided nursery care. Infant growth and development during the first 2 years were greater for the mothers who had been enrolled in the paid, job training program. The infant nursery mothers also had reduced repeat pregnancy rates and higher return to work/school rates, most of whom later sought a career as a nurse's aide.

DESCRIPTORS: Pregnant adolescents, Parent education, Infant development, Training, Behavior modification, Career development

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122 **A Model For The Delivery Of Health Care to Pregnant Adolescents. Part I: Assessment and Planning. Part II: Implementation and Evaluation.**
Peoples, M. D. (Pt I & II) and Barrett, A. E. (Pt II).

FORMAT: Article; Practical

SOURCE: J Obstet Gyn Nurs, 8(6):339-345, November/December 1979

ABSTRACT: The development and implementation of a model health care delivery system for pregnant teenagers are described in 2 parts. The first ("Assessment and Planning") enumerates specific guidelines for planning and initiating an adolescent clinic session. The second part ("Implementation and Evaluation") discusses aspects of the actual implementation, evaluation, and operation of an adolescent clinic, and deals with the first year of the program.

DESCRIPTORS: Pregnant adolescents, Health care, Models, Planning, Evaluation, Health care delivery systems

123 **Nutrition Services for Pregnant Adolescents Within a Public High School.**
Alton, Irene R.

FORMAT: Article; Practical

SOURCE: J Am Dietet Assoc, 74(6):667-669, June 1979

ABSTRACT: The pregnant adolescent is known to be at risk nutritionally, medically, and socially, and many schools are trying to meet the needs of pregnant adolescents. The St. Paul, Minnesota maternal and infant care project provides a total prenatal and education program in a public school setting. The program includes prenatal care, well-child care, and family planning counseling. Courses are included within the standard school curriculum. Special emphasis is placed on nutrition for pregnant and nursing mothers, for infants and for young children. Eligible girls are referred to the WIC program. A high school health care program for pregnant teenagers which includes health, nutrition education, and day care programs provides a unique opportunity for delivering nutrition services successfully.

DESCRIPTORS: Risk factors, Pregnant adolescents, Pregnancy and nutrition, Prenatal nutrition, Maternal and child health, Family life education, Health education, Nutrition education

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124 **Nutrition Services for Pregnant Teenagers.**
Huyck, Norma I.

FORMAT: Article; Practical

SOURCE: J Am Dietet Assoc, 69(1):60-62, July 1976

ABSTRACT: The maternity and infant care project in Hartford, Connecticut, serves women who register at the prenatal clinics in the three local hospitals. The project operates under the premise that optimal nutrition for growth, development, and maintenance of the mother and child depends on education, food habits, food availability, economics, and nutritional adequacy of the foods consumed. It has been the role of the clinic nutritionists working with pregnant women to explore with them the available sources of nutrients and the best choices of foods and food patterns for themselves and their infants.

DESCRIPTORS: Maternal and child health, Community health services, Maternal-fetal exchange, Nutrition, Diet counseling

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125 **Position Paper on Reproductive Health Care for Adolescents.**
Society for Adolescent Medicine.

FORMAT: Article; Technical

SOURCE: J Adol Health Care, 4(3):205-210, September 1983

ABSTRACT: Pertinent background data on the health care of pregnant adolescents are presented and 3 major challenges are briefly discussed, namely: parental notification, sex education, and the adolescent father. These are followed by position statements of the Society for Adolescent Medicine concerning the specific aspects of: adolescent sexuality, sex education, contraception, adolescent childbearing and rearing, abortion, and sexually-transmitted diseases.

DESCRIPTORS: Pregnant adolescents, Health care, Sexuality, Sex education, Abortion, Contraception, Diseases, Health protection, Literature reviews, Guidelines

126 **School-Based Health Clinics: A New Approach to Preventing Adolescent Pregnancy?**
Dryfoos, Joy.

FORMAT: Article; Technical, Basic

SOURCE: Fam Plan Perspect, 17(2):70-75, March/April 1985

ABSTRACT: An overview of school-based clinics designed to prevent adolescent pregnancy is presented. Topics include: the rationale, characteristics, and objectives of school-based clinics; initiation and operation of such clinics; staff and facilities requirements; family planning education services for adolescents; funding mechanisms; and evaluation of school-based adolescent clinics.

DESCRIPTORS: Adolescents, Pregnancy, Prevention, Program development, Program evaluation, Reviews, Health clinics, High schools

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127 **Services for and Needs of Pregnant Teenagers in Large Cities of the United States, 1976.**
Goldstein, H. and Wallace, H. M.

FORMAT: Article; Technical

SOURCE: Public Health Rep, 93(1):46-54, February 1978

ABSTRACT: An 8-page questionnaire was sent in 1976 to the health officer and superintendent of U.S. schools in 153 cities having populations of 100,000 or more to assess whether progress in meeting the needs of pregnant teenagers has been made since a 1970 survey taken in the same cities. While the 1976 survey revealed that progress in providing services to pregnant teenagers and their babies had occurred, serious deficiencies continued in the areas of social and health services and health education for the mother, and in day care and social and health services for the infant. Data are provided in 11 areas (special programs for pregnant teenagers, contraception, abortion, special education, social services, nutrition services, follow-up services, program dropouts, child abuse and neglect, and unmet needs of pregnant teenagers and their infants), and the 1970 and 1976 data are compared. Nutrition services were usually in the form of nutrition education. Special feeding, commodity distribution, and special school breakfast were the least available programs.

DESCRIPTORS: Pregnant adolescents, Health services, Child care, Nutrition education, National surveys

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128 **The Teen-Tot Clinic: An Alternative to Traditional Care For Infants of Teenaged Mothers.**
Nelson, K.G., Key, D., and Fletcher, J. K.

FORMAT: Article; Practical, Technical

SOURCE: J Adol Health Care, 3(1):19-23, August 1982

ABSTRACT: A survey compared the progress of infants and adolescent mothers receiving care in a "teen-tot" interdisciplinary clinic with those receiving care from "traditional" health care facilities. Distinct advantages were found for the "teen-tot" clinic over the "traditional" clinic with respect to: infant immunization status at age 6 months (91 vs. 46%); infant weight in the "normal" range (97 vs. 83%); maternal contraceptive use (91 vs 63%), educational program enrollment (86 vs. 66%); and repeat pregnancies (16 vs. 38%).

DESCRIPTORS: Pregnant adolescents, Patient care, Child care, Health protection, Adolescents, Infants, Health clinics

129 **The Young Pregnant Teenager: Impact of Comprehensive Prenatal Care.**
Felice, Marianne E., Granados, Juan L., and Ances, Isadore G.

FORMAT: Article; Practical, Technical

SOURCE: J Adol Health Care, 1(3):193-197, March 1981

ABSTRACT: The fetal outcomes of 67 inner-city pregnant teenagers aged 15 years or younger attending a special teen obstetric clinic staffed by an interdisciplinary health team trained in adolescent and prenatal health care were compared to fetal outcomes of 67 pregnant teenagers attending a regular obstetric clinic. The 2 groups were matched for age at delivery, socioeconomic status, race, and parity. Of the infants born to the girls attending the teen clinic, only 9% weighed below 2500 gm. contrasted to 21% for infants born to the pregnant girls attending the regular clinic. The results underscore the benefits of providing specially-designed prenatal care to the very young pregnant teenagers.

DESCRIPTORS: Pregnant adolescents, Low birth weight infants, Patient care, Prenatal period, Health protection, Infants, Health clinics

TEACHING TOOLS FOR NUTRITIONAL COUNSELING

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130 **A Common Sense Approach to Breast Feeding.**
Cooperative Extension Service, University of Maine, 1982.

FORMAT: Booklet, 40 pages (English)

SOURCE: Family Living Office, Roger Clapp Greenhouse, University of Maine at Orono, Orono, ME 04469

COST: $1.00 each.

ABSTRACT: A special informational bulletin for Extension agents, EFNEP aides, and other allied health workers provides scientific information and personal experience tips about breastfeeding to aid them in helping parents make informed decisions about caring for their infants. The material is organized in a question-discussion format among 6 main sections: the decision to breastfeed; nursing techniques; breastfeeding management principles and observations; the effect of mother's health status on breastfeeding; maternal nutritional requirements; and the effect of medications, alcohol, caffeine, marijuana, and smoking on breast milk quality. Information on expressed milk for working mothers is included. Medical contraindications, references, and a glossary, are appended.

DESCRIPTORS: Teaching materials, Extension education, Breast feeding, Infant feeding, Lactating females, Guidelines

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131 **Eating Right For Your Baby.**
California Department of Health Services.

FORMAT: Booklet, 20 pages (English/Spanish)

SOURCE: Maternal and Child Health Branch, California Department of Health Services, 714 "P" Street, Sacramento, CA 95814

COST: Single copy free.

ABSTRACT: Information on the daily servings needed from each of 6 food groups (protein, milk, breads and cereals, and 3 categories of fruits and vegetables) is provided. Each category is described separately, including a listing of sources and serving sizes. Factors which may influence the health of mother and infant, including the needs for salts, fluids, and iron, and the avoidance of alcohol, cigarettes, and drugs are mentioned.

DESCRIPTORS: Pregnant women, Prenatal education, Food guides, Food groups, nutrient requirements, Nutrient sources

132 **Food for the Pregnant Teenager.**
Southwestern Community Services, Inc., 1984.

FORMAT: Booklet, 4 pages (English)

SOURCE: New Hampshire WIC Program, Health and Welfare Building, Hazen Drive, Concord, NH 03301

COST: 1 free copy with stamped envelope.

ABSTRACT: The special nutritional needs of pregnant teenagers are addressed in this brochure. A food guide shows the major nutrients, serving sizes of selected foods, and the number of recommended daily servings of foods from the following groups: milk products, grains, protein foods, and fruits and vegetables. Recommendations are provided on 1) adequate weight gain, 2) exercise, 3) the increased need for fluids, and 4) nutritious snacks. Cigarette smoking, alcoholic beverages, dieting, prescription drugs, over-the-counter medications, and caffeine are discussed.

DESCRIPTORS: Popular works, Pregnant adolescents, Dietary guidelines, Health promotion

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133 **Nutrition for a Healthy Pregnancy. Cooperative Extension/EFNEP, University of California, 1978.**
Berrill, Sally L. and Hall, Mary E.

FORMAT: Booklet, 63 pages (English/Spanish)

SOURCE: Publications, Agriculture and Natural Resources, 6701 San Pablo Avenue, Oakland, CA 94608

COST: $2.00.

ABSTRACT: Items of information important for a healthy pregnancy are each concisely explained and illustrated in an easy-to-read, easy-to-understand format. Nutrition, weight gain, what to eat, and feeding baby (breast feeding and bottle feeding) are the major topics covered. A Spanish translation is also available. This item is a companion to "Food for a Healthy Mom and Baby."

DESCRIPTORS: Pregnancy and nutrition, Pregnancy, Pregnant women, Infant feeding, Breast feeding, Bottle feeding

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134 **Parenthood Education Program (PEP) Kit.**
March of Dimes, 1978.

FORMAT: Kit (English)

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605

COST: $33.00 each (individual parts also available separately).

ABSTRACT: All adolescents, but especially pregnant teens, can prepare for future parenthood with the help of an educational kit. Teenagers learn about good nutrition and health care for themselves and their unborn babies. What pregnant women should eat and why is examined through such concepts as food groups; the importance of protein, iron, calcium, and vitamins; snacks; menu ideas; and weight gain. The interrelationships of the emotional, psychological, and physical aspects of pregnancy are explored. Feelings, choices, doctors and clinics, exercise, and the needs of the newborn and the new mother are some of the issues discussed. A developmental time-line chart of how a baby grows, and month-by-month pregnancy diet cards are included.

DESCRIPTORS: Instructional materials, Prenatal education, Pregnancy and nutrition, Health needs, Pregnant adolescents, Pregnancy diets, Pregnancy, Psychological aspects, Child care, Reproduction (Biology)

135 **Practical Hints for Working and Breastfeeding, Publication No. 83.**
La Leche League International, 1984.

FORMAT: Booklet, 8 pages (English)

SOURCE: La Leche League International, 9616 Minneapolis Avenue, P.O. Box 1209, Franklin Park, IL 60131-8209

COST: $.50 each, less for bulk orders.

ABSTRACT: An instructional booklet discusses the personal expression of breast milk by working mothers for subsequent feeding to their infants. These instructions cover guidelines on: how to save breast milk; how to collect breast milk by hand-expression or using a manual breast pump; how to use such pumps, and when and where to pump; and how to feed the expressed milk to the infant. Specific tips for baby sitters for feeding infants expressed breast milk are included. Practical nutritional and health hints to aid the working nursing mother are appended.

DESCRIPTORS: Teaching materials, Breast feeding, Employed women, Infant feeding, Milk banking, Guidelines

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136 **Working With the Pregnant Teenager: A Guide for Nutrition Educators, Program Aide No. 1303.**
USDA, DHHS, March of Dimes, 1981.

FORMAT: 34 page booklet with 2 posters and 1 chart (English)

SOURCE: USDA, Food and Nutrition Service, NTSD, Room 609, 3101 Park Center Drive, Alexandria, VA 22302

COST: Single copy free, limited supply available, specify posters and chart to be included.

ABSTRACT: Criteria for nutritional risk, nutritional requirements of teenagers, and counseling strategies are explained. Four sample lesson plans especially designed for teens provide learning activities and materials to meet stated objectives and evaluation activities, including a nutrition self-assessment questionnaire. The large wall chart, "How a Baby Grows," describes and illustrates the monthly growth of the fetus and changes in the mothers's body, and highlights appropriate health care measures. Two additional posters show photographs of teenagers and promote wise food choices, and good health habits.

DESCRIPTORS: Instructional materials, Diet counseling, Lesson plans, Teaching guides, Pregnant adolescents, Prenatal education, Prenatal nutrition

SELF-INSTRUCTIONAL HANDOUTS

137 **Appetite Annie's Action Packed Fun Filled Guide to a Healthy Pregnancy.**
Ralston Purina Co., 1977.

FORMAT: Comic Book, 27 pages (English)

SOURCE: Ralston Purina Company, Corporate Consumer Services, Checkerboard Square, St. Louis, MO 63188

COST: Free.

ABSTRACT: Good overall prenatal care is explained in conversational style by a young black pregnant woman to other pregnant women. Topics include: morning sickness; the four basic food groups; nutrients and their functions; pica; mood swings; drug use; and danger signals. Several activities on food records, food group identification, meal planning using the basic four, and a weight gain chart are interspersed within the text. Colorful illustrations are included.

DESCRIPTORS: Pregnant women, Prenatal nutrition, Weight gain, Pica, Basic four, Nutrient functions, Nutrient sources, Nutrient requirements

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138 **Be Good to Your Baby Before It's Born.**
March of Dimes, 1985.

FORMAT: Booklet/Poster (English)

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605

COST: Free.

ABSTRACT: Guidelines for prenatal care that can be used to supplement professional advice are outlined in this introductory guide to pregnancy. The need to obtain early and regular prenatal care is emphasized. The physical examination, types of questions, and laboratory tests to be prepared for at the first prenatal checkup are described. Nutritional needs during pregnancy are discussed in terms of the recommended number of daily servings of foods in each of the major groups--milk, protein foods, fruits and vegetables, and grain products. The recommended amount and timing of weight gain during pregnancy are outlined. Commonly encountered problems of pregnancy, warning signals, and indications for specialized prenatal care are identified. Advantages of childbirth preparation classes and what to expect during labor and delivery are discussed. Additional topics discussed in relation to pregnancy include cigarette smoking, alcoholic beverages, infectious diseases, x-rays, dental care, caffeine, drugs, rest, sex, exercise, and partner support.

DESCRIPTORS: Popular works, Pregnancy, Health care, Pregnancy complications, Nutritional requirements, Weight gain

139 **Breastfeeding, Baby's Best Start.**
American Dietetic Association, 1983.

FORMAT: Booklet, 20 pages (English/Spanish)

SOURCE: American Dietetic Association, P.O. Box 10960, Chicago, IL 60610-0960

COST: $1.00 each, less for bulk.

ABSTRACT: Benefits of breastfeeding to mother and infant and guidelines for successful breastfeeding are explored. The booklet is written in English and Spanish, and contains a number of helpful illustrations. Advantages of breastfeeding are described in relation to the infant's health. Convenience, and economy of breastfeeding are also discussed. Colostrum, and its protective benefits to the infant, are described. Comprehensive instructions are provided for beginning and ending each breastfeeding period. The importance of hygiene is emphasized. Suggestions are given for caring for sore nipples and hard or swollen breasts. A suggested feeding guide shows how long and how often to feed the infant every day from birth until the first checkup. Guidelines are provided for determining whether or not the infant is getting enough to eat. Additional topics include breastfeeding during illness, nutritional needs during breastfeeding, and the need for birth control to prevent conception during breastfeeding.

DESCRIPTORS: Popular works, Breast feeding, Guidelines, Nutritional requirements, Hygiene

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140 **D*A*T*A* - Drugs, Alcohol, Tobacco Abuse During Pregnancy.**
March of Dimes, 1985.

FORMAT: Pamphlet (English)

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605

COST: Free.

ABSTRACT: For a pregnant woman, drugs, alcohol and tobacco can mean trouble. This is the March of Dimes Birth Defects Foundation message, along with basic facts about these "trouble-makers." Smoking, alcohol, prscription drugs, "uppers/downers," street drugs, antacids and pain relievers are substances the expectant mother is warned to avoid. Laxatives, vitamin supplementation, and caffeine discussions are also included.

DESCRIPTORS: Teaching materials, Prental education, Pregnancy, Substance abuse, Drugs, Ethanol, Tobacco, Smoking

141 **Expectant Mother's Guide.**
Florida Department of Health and Rehabilitative Services/Health Program, 1982.

FORMAT: Booklet, 15 pages (English)

SOURCE: WIC and Nutrition Services, Health Program Office, 1317 Winewood Boulevard, Twin Towers, Room 358, Tallahassee, FL 32301

COST: $.10 per copy, less for bulk.

ABSTRACT: Health needs and concerns of the pregnant woman are examined. Responsibilities of each member of the health care team (i.e., pregnant woman, clerk, aide, nurse, nutritionist, doctor) are outlined. A typical appointment schedule to follow during pregnancy is provided. Danger signals that pregnant women should be aware of include vaginal bleeding, severe nausea or vomiting, shortness of breath, frequent or painful urination, severe headache or pain in the abdomen or legs, and sudden swelling. Guidelines are provided on the following topics: diet, exercise, rest, appropriate clothing, medications, and the treatment of morning sickness. The recommended weight gain during pregnancy is discussed. Nutritional requirements are explained, based on the recommended daily number of servings of foods from the basic groups: meat, milk, fruits and vegetables, and breads and cereals. Items to avoid during pregnancy include high calorie foods that provide few nutrients, drugs, cigarettes, alcoholic beverages, and caffeine. Needs of the newborn infant, the parents, and siblings after the baby is born are explored.

DESCRIPTORS: Popular works, Pregnancy, Prenatal education, Health care, Pregnancy complications, Weight gain, Nutritional requirements, Health hazards

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142 **Fathers Ask: Questions about Breastfeeding.**
Health Education Associates, 1984.

FORMAT: Pamphlet (English)

SOURCE: Health Education Associates, Inc., 211 South Easton Road, Glenside, PA 19088

COST: $.50 per copy, less for bulk.

ABSTRACT: Concerns a father or mother may have about breastfeeding are addressed in a question/answer format: advantages (physiological, economical, emotional); supportive functions; nursing after a caesarean delivery; sexual relations; birth control; adequate milk supply; and the father's role in child care.

DESCRIPTORS: Breast feeding, Fathers, Attitudes, Lactating women

143 **Food for the Teenager During and After Pregnancy, Publication No. HRSA 82-5106.** DHHS, USDA, March of Dimes, 1982.

FORMAT: Booklet, 31 pages (English)

SOURCE: National Maternal and Child Health Clearinghouse, 38th and R Streets, N.W., Washington, D.C. 20057

COST: Sample copy free.

ABSTRACT: Pregnant teenagers have special nutritional needs (both during and after pregnancy) that must be met to ensure continued health for the growing mother and her fetus. An easy to read booklet provides step-by-step explanations of what an expectant mother should know: recommended weight gain; need for regular medical visits; and the importance of proper diet and exercise. The basic food groups are explained, simple meal plans are provided, and ways to have a healthy pregnancy and cope with problems (e.g. morning sickness) are discussed. The WIC program is mentioned.

DESCRIPTORS: Popular works, Pregnant adolescents, Pregnancy diets, Food intake, Nutrient requirements, Food groups, Meal planning, WIC program

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144 **A Gift of Love.** American Academy of Pediatrics, 1984.

FORMAT: Booklet, 24 pages (English)

SOURCE: American Academy of Pediatrics Reprint Deprtment, 141 Northwest Point Road, P.O. Box 927, Elk Grove, IL 60007

COST: $1.25 each, less for bulk orders.

ABSTRACT: An illustrated, instructional booklet for new mothers and mothers-to-be provides tips on how to prepare for and conduct the breastfeeding of their infants. Information is provided on: the benefits of breastfeeding to infants and mothers; "old wives' tales" about breastfeeding; how breast milk is produced; guidelines for getting ready for breast feeding; nursing tips, including breast feeding and manual expression; what to expect after feeding; how to burp the baby; aspects of breastfeeding at home; dietary advice for the mother; and weaning the baby from the breast. Answers to typical questions raised by breastfeeding mothers, and special considerations concerning the breastfeeding of premature, Cesarian, and multiple-birth infants, are appended. An included food guide pamphlet provides suggested serving sizes of a wide variety of foods to promote the nutritional status of the mother.

DESCRIPTORS: Teaching materials, Mothers, Breast feeding, Infant feeding, Human milk, Infant nutrition, Maternal nutrition, Guidelines

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145 **Good Nutrition for a Healthy Baby and Mother.** Oregon State Health Division, 1983.

FORMAT: Booklet, 18 pages (English)

SOURCE: WIC Program, P.O. Box 231, Portland, OR 97207

COST: 1 sample copy free.

ABSTRACT: An overview of bodily changes and needs during pregnancy focuses on the effects of nutrition on mothers' and infants' health. Specific topics include: weight gain; recommended foods from 4 basic groups and the nutrients they provide; use of dietary supplements; and special tips for vegetarians.

DESCRIPTORS: Pregnant women, Prenatal nutrition, Food groups, Nutrient sources, Vegetarians, Weight gain

146 **A Mother's Handbook: Combining Breastfeeding with Work or School.**
Wisconsin Nutrition Project, 1983.

FORMAT: Booklet, 24 pages (English/Spanish)

SOURCE: Wisconsin Nutrition Project, 1045 E. Dayton Street, Room 123, Madison, WI 53703

COST: $.45 each, $.40 each for orders of 10 or more.

ABSTRACT: Women who choose to breastfeed but must continue to work or stay in school have to schedule and properly prepare if breastfeeding is to be successful. Talking with women who have successfully done both before is a good way to prepare for breastfeeding. Benefits and rewards for both baby and mother are listed as is how to handle the return to work or school. A question and answer format attempts to respond to many common concerns (e.g., can I produce enough milk if I am away from the baby during the day?). Diet, nursing techniques, collecting and storing breast milk are considerations when work or school are begun and nursing is on-going.

DESCRIPTORS: Breast feeding, Maternal nutrition, Work experience, School, Food storage, Human milk

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147 **MUNCH.**
Wisconsin Department of Health and Social Services, 1980.

FORMAT: Comic Book (English)

SOURCE: Wisconsin Department of Administration, Document Sales and Distribution Unit, 202 S. Thorton Avenue, Madison, WI 53700

COST: $1.00 each.

ABSTRACT: The nutritional needs of pregnant teenagers are presented in a story of a young girl and her interaction with clinic professionals, parents and friends. Specific needs for iron, folic acid and calcium are highlighted. Three food groups (high protein, whole grains, and fruits/vegetables) are the basis for the nutrition information presented. Total weight gain and distribution are discussed and illustrated.

DESCRIPTORS: Pregnant adolescents, Prenatal education, Food habits, Food groups, Nutrient sources, Meal planning, Weight gain

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148 **Nursing Is Easy When You Know How.**
Health Education Associates, Inc., 1980.

FORMAT: Pamphlet (English/Spanish)

SOURCE: Health Education Associates, Inc., 211 S. Easton Road, Glenside, PA 19038

COST: $.50 each, less for bulk.

ABSTRACT: Specific techniques for successful breastfeeding are explained: how often and how long to nurse; supply/demand relationship; how to care for sore nipples; how to tell if baby is getting enough milk; and how to begin establishing a daytime feeding schedule. Introduction of a bottle and the effect of bottlefeeding on milk supply also are discussed.

DESCRIPTORS: Breast feeding, Methods, Bottle feeding

149 **Recipe for Healthy Babies.**
March of Dimes, 1984.

FORMAT: Pamphlet (English)

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605

COST: Free.

ABSTRACT: A variety of foods from the basic 4 food groups are colorfully pictured. The number of servings from each group recommended during pregnancy and when breastfeeding, and the nutrients provided are mentioned. Snacking, fluid intake, regular eating habits, use of alcohol, supplements and salt, weight gain and weight control are discussed briefly. A sample menu is given.

DESCRIPTORS: Pregnant women, Food guides, Basic four, Nutrient sources, Weight gain

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150 **Relief From Common Problems: Nausea, Constipation and Heartburn.**
California Department of Health Services.

FORMAT: Pamphlet (English/Spanish)

SOURCE: Maternal and Child Health, California Department of Health Services, 714 "P" Street, Sacramento, CA 95814

COST: Single copy free.

ABSTRACT: Three common discomforts of pregnancy (nausea, constipation, and heartburn) and their causes are explained. Specific suggestions are offered for relief. The use of medications is not recommended.

DESCRIPTORS: Prenatal education, Pregnant women, Nausea, Constipation, Hyperacidity

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151 **Safe Natural Remedies for Discomfort of Pregnancy.**
Coalition for the Medical Rights of Women, 1981 (currently being revised).

FORMAT: Booklet, 30 pages (English/Spanish)

SOURCE: Maternal/Child Health Office, 2151 Berkeley Way, Annex 4, Room 1400, Berkeley, CA 94704

COST: $2.50 single copy, $2.00 each for orders of 10 or more.

ABSTRACT: A concern for the overuse of non-prescription drugs during pregnancy is the motivation for offering alternatives in this pamphlet. Presented in a format of prevention, useful remedies, medicine choices/non-choices, topics include nausea/vomiting, fatigue, allergies, heartburn, and other pertinent conditions common to pregnancy. A bibliography is included.

DESCRIPTORS: Teaching materials, Prenatal education, Pregnancy, Substance abuse, Preventive medicine, Exercise

152 **Smoking And The Two of You.**
American Lung Association, 1980.

FORMAT: Pamphlet (English)

SOURCE: American Lung Association, 1740 Broadway, New York, NY 10019

COST: Free (available in bulk).

ABSTRACT: Health risks associated with cigarette smoking are outlined for the developing fetus, infant, small child, and adults. The effects of carbon monoxide and nicotine in cigarettes on food and oxygen delivery through the placenta to the fetus are described. Harmful effects that may result from cigarette smoking during pregnancy are: 1) delivery of an infant who is smaller than average and has an increased risk of death shortly after birth, and 2) an increased risk of stillbirth, spontaneous abortion, and premature delivery. Infants less than one year of age, whose parents smoke, have a higher risk of pneumonia and bronchitis and suffer more acute respiratory problems than infants whose parents do not smoke. In addition, watching parents smoke may be a major factor motivating children to smoke in later life. In adults, smoking is the major cause of lung diseases, such as emphysema, chronic bronchitis, and lung cancer. Smoking also increases blood pressure and presents a major risk to women who use birth control pills, especially those 35 years of age and older.

DESCRIPTORS: Popular works, Tobacco smoking, Risks, Pregnancy, Fetus, Health hazards

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153 **Snacking Can Be Fun and Healthy.**
North Central Florida Maternity and Infant Care Project, 1982.

FORMAT: Pamphlet (English)

SOURCE: North Central Florida-WIC, 730 N. Waldo Road, Suite B, Gainesville, FL 32301

ABSTRACT: Simple illustrations of healthy snacks appropriate for both adults and infants are displayed in this brochure. Snacks are categorized under the following headings: fruits and vegetables, dairy foods, protein foods, and breads and cereals. Recommendations made, in addition to increasing one's intake of healthy snacks, include: 1) drinking at least 6 to 8 glasses of liquids each day, 2) limiting intake of high-calorie, nutrient-deficient snacks, and 3) avoiding cigarettes, drugs, alcoholic beverages, and medications not prescribed by a physician.

DESCRIPTORS: Popular works, Snacks, Health education

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154 **Supermarket Survival.**
National Dairy Council, 1981.

FORMAT: Pamphlet (English)

SOURCE: National Dairy Council, 6300 North River Road, Rosemont, IL 60018

COST: $.10 each.

ABSTRACT: A consumer pamphlet helps the food buyer cut food costs, improve food choices, and reduce unnecessary "impulse buying." Discussed are coupon clipping, generic items, store "mark-downs," and information regarding meats and dairy food choices. The consumer is provided with a true-false self-test to determine his/her shopping sense.

DESCRIPTORS: Supermarkets, Food purchasing, Consumer education

155 **Tenga Buen Cuidado De Su Bebe Antes De Que Mazca.**
March of Dimes, 1983.

FORMAT: Booklet, 20 pages (Spanish)

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue White Plains, NY 10605

COST: Free.

ABSTRACT: The importance of good prenatal care in having a healthy baby is the emphasis of this Spanish guide to clinical care during pregnancy. A question-and-answer format and simple illustrations help clarify major concepts. Guidelines are provided for recognizing the signs of pregnancy and obtaining proper prenatal care. The physical development of the fetus is described at 1 to 2 months, 3 months, and 4 to 9 months. Nutritional recommendations are presented in terms of number and size of servings of the following groups: milk, fruits and vegetables, protein, breads and cereals. Functions and food sources of nutrients are discussed. Common problems of pregnancy (i.e., nausea, heartburn, constipation, varicose veins) and their treatment are reviewed. Caution is advised concerning the use of laxatives, medications, sleeping pills, nasal drops, and other over-the-counter remedies while pregnant. Recommendations are provided on cigarette smoking, alcoholic beverage consumption, rest, cleanliness and personal hygiene. Danger signs associated with pregnancy are identified--edema, nausea and vomiting, vaginal discharge, severe stomach, back, or leg pain, sudden weight change. Special attention is advised for pregnant women who are over 40 or under 18 years of age or who have diabetes or anemia. Regular medical care following the infant's birth is emphasized in conjunction with adequate prenatal care as the best means of keeping the baby healthy.

DESCRIPTORS: Popular works, Pregnancy, Health care, Nutritional requirements, Weight gain, Pregnancy complications

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156 **When You Breastfeed Your Baby--Helpful Hints for the Early Weeks, Publication No. 124.**
La Leche League International, 1983.

FORMAT: Booklet, 8 pages (English)

SOURCE: La Leche League International, 9616 Minneapolis Avenue, P.O. Box 1209, Franklin Park, IL 60131-8209

COST: $.50 each, less for bulk orders.

ABSTRACT: Helpful hints for breastfeeding confidently and successfully are offered in this introduction to breastfeeding. Benefits of breastfeeding to mother and infant are described. The importance of nursing often and as soon as possible after birth is emphasized. Guidelines are provided for 1) starting and ending each feeding period, 2) hand-expressing milk from the breast, 3) nipple care, and 4) maintaining an adequate supply of milk. Additional topics that are explored include normal bowel movements, night feedings, excessive sleeping, the "fussy" baby, and the introduction of solid foods. Sources of additional information and solutions to some commonly encountered problems are provided.

DESCRIPTORS: Popular works, Breast feeding, Guidelines

157 **Why Do Mothers Breastfeed?**
Health Education Associates, 1984.

FORMAT: Pamphlet

SOURCE: Health Education Associates, Inc., 211 S. Easton Road, Glenside, PA 19038

COST: $.50 each, less for bulk orders.

ABSTRACT: Reasons why women choose to breastfeed their infants and solutions to some commonly encountered problems are explored in this short collection of personal commentaries. Issues that are discussed include: 1) health benefits of breastfeeding to the infant, 2) psychological benefits of breastfeeding to the mother, 3) maintaining breastfeeding after returning to work, 4) the father's contribution to successful breastfeeding, and 5) converting from formula feeding to breastfeeding. Individuals and groups that may be helpful in providing additional information and support for breastfeeding include nurses, childbirth instructors, breastfeeding counselors, and nursing mothers' support groups.

DESCRIPTORS: Popular works, Breast feeding, Guidelines

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158 **Will Drinking Hurt My Baby?**
March of Dimes, 1985.

FORMAT: Pamphlet

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605

COST: Free.

ABSTRACT: Risks associated with drinking alcoholic beverages during pregnancy are outlined in a question-and-answer format. Alcohol's effects on the developing fetus, and physical and mental abnormalities characteristic of fetal alcohol syndrome (FAS), a condition directly related to maternal alcohol ingestion during pregnancy, are described. Abstinence is the only sure way to prevent FAS since no "safe" level of alcohol intake has been established. Additional reasons to avoid alcoholic beverages during pregnancy are: 1) an increased risk of miscarriage and stillbirth, 2) decreased overall nutrient intake since alcohol provides calories but no nutrients, and 3) suspected learning disabilities and physical problems in children whose mothers drank during pregnancy. Women who want to become pregnant are encouraged to stop drinking even before they suspect that they are pregnant.

DESCRIPTORS: Popular works, Pregnancy, Alcoholic beverages, Risks, Fetal alcohol syndrome

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159 **You Have a Choice, But Your Baby Doesn't.**
California Department of Health Services, 1984.

FORMAT: Pamphlet

SOURCE: WIC Program, California Department of Health Services, 1103 North B Street, Suite E, Sacramento, CA 95814

COST: 1 copy free.

ABSTRACT: Risks associated with cigarette smoking and the use of alcoholic beverages, illicit drugs and medications during pregnancy are outlined. Health problems related to cigarette smoking (i.e., miscarriage, small size, physical, mental, and behavioral problems) and drinking alcoholic beverages (i.e., miscarriage, stillbirth, small size, birth defects) are identified. Suggestions are presented on how to quit smoking and avoid drinking alcoholic beverages. Prescription, over-the-counter, and social drugs are identified. Abstinence is recommended as the safest approach to cigarettes, alcoholic beverages, and drugs during pregnancy. Practical suggestions are provided for substituting alternative behaviors for potentially harmful habits.

DESCRIPTORS: Popular works, Pregnancy, Health hazards, Tobacco smoking, Alcoholic beverages, Drugs, Substance abuse

POSTERS/FILMS

160 **At Home or Away . . . Eat Well For You and Your Baby, Program Aid No. 1304.**
USDA, DHHS, March of Dimes, 1981.

FORMAT: Poster (English)

SOURCE: USDA, Food and Nutrition Service, NTSD, Room 609, 3101 Park Center Drive, Alexandria, VA 22303

COST: Free.

ABSTRACT: The need for good nutrition during pregnancy is emphasized in this poster. The poster depicts a young pregnant woman eating a balanced away-from-home meal of foods from the major food groups (e.g., milk, meat, bread, fruits and vegetables). Choosing nutritious foods when eating away from home is just as important as preparing them at home.

DESCRIPTORS: Audiovisual aids, Posters, Prenatal education, Pregnancy, Nutritional requirements, Meal patterns, Eating habits, Restaurants, Family environment

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161 **The Don'ts of Pregnancy and Breast Feeding.**
Colorado State University, 1983.

FORMAT: Small poster (English)

SOURCE: Cooperative Extension Service, Colorado State University, Room 200, Gifford Building, Fort Collins, CO 80523

COST: Single sample free, quantities $.05 each.

ABSTRACT: Practices to be avoided during pregnancy and breastfeeding are identified and clearly illustrated. Behaviors include: 1) cigarette smoking, 2) drinking alcoholic beverages, 3) drinking too much coffee, and 4) taking drugs without a doctor's recommendations.

DESCRIPTORS: Popular works, Pregnancy, Tobacco smoking, Alcoholic beverages, Drugs, Caffeine

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162 **A Full Time Job.**
March of Dimes, 1983.

FORMAT: Filmstrip or Slide Set and Educational Kit

SOURCE: March of Dimes Birth Defects Foundation, 1275 Marmaroneck Avenue, White Plains, NY 10605

COST: Filmstrip and Kit $25.00, Slide set and Kit $30.00.

ABSTRACT: Designed to help educators and volunteer leaders give urban young adults an accurate understanding of what happens to the mother, father, and unborn child during pregnancy, this guide stresses many points. Good nutrition/prenatal care, birth defects/risk prevention, the value of good support, continuing one's own life plans, and community resources are all topics related to the most important fact: parenting is a full time job. The accompanying slide presentation deals with planned versus unplanned teenage pregnancy. Student activity sheets, poster, glossary, and a discussion guide booklet are accompanying tools for concepts reinforcement. An audiovisual script is included.

DESCRIPTORS: Audiovisual aids, Parent education, Secondary education, Pregnant adolescents, Prenatal education, Nutrition education, Parental role, Teaching materials

163 **Inside My Mom.**
March of Dimes, 1975.

FORMAT: Filmstrip or Slide Set with Cassette (English/Spanish)

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605

COST: Filmstrip with Cassette - $10.00; Slide Set - $15.00.

ABSTRACT: A cartoon fetus describes the nutritional care its mother is providing. It takes you through the normal day of its young mother, commenting on how she lives and the way this affects a fetus. As the months go by, the mother gets the point about the importance of nutrition while the fetus shares the message.

DESCRIPTORS: Instructional media, Prenatal education, Pregnant women, Prenatal nutrition, Diet improvement

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164 **It's Up To Me.**
March of Dimes, 1984.

FORMAT: 16 mm film, 3/4" or 1/2" video cassette (English)

SOURCE: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY, 10605

COST: 16 mm film ($75.00), videocassette ($40.00).

ABSTRACT: This documentary film about the responsibilities of pregnancy focuses on the prevention of low birthweight babies. The importance of prenatal care is stressed and guidelines for improving personal care during pregnancy are discussed as they relate to diet, alcohol, drugs, cigarettes and medical care. The film attempts to reach pregnant women by explaining the effects of proper prenatal care on the future health and development of the infant.

DESCRIPTORS: Audiovisual aids, Adult education, Secondary grades, Pregnancy, Prenatal period, Health education, Health care, Fetal development, Substance abuse

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165 **My Mom Is Really Great.**
March of Dimes, 1982.

FORMAT: Pamphlet and Poster (English)

SOURCE: March of Dimes, Puget Sound Chapter, 230 Securities Building, Seattle, WA 98101

COST: Sample copy free, include self-addressed stamped envelope.

ABSTRACT: Nutritional guidelines during pregnancy are outlined in this prenatal education pamphlet. Sample foods are listed in each of the following groups: vegetables, fruits, grains, seeds and nuts, meat, fish and poultry, milk and dairy products, mixed foods. Appropriate foods are identified as rich sources of vitamin A, vitamin C, iron and folacin. Food lists can be used as the basis for suggestions for changes that add more nutrient-rich foods to the diet and limit those that are less nutrient-dense. General recommendations are provided on weight gain during pregnancy, the importance of adequate fluid intake, and eating habits that help promote good health. Space is allotted in the brochure for recording changes that will be made and for having them verified by a health professional. An assessment card is provided to rate the pamphlet's usefulness and specify how and where they are most often used.

DESCRIPTORS: Popular works, Pregnancy, Dietary guidelines

166 **Outside My Mom - The Story of a Breast-Fed Baby.**
March of Dimes, Puget Sound Chapter, 1984.

FORMAT: Filmstrip or Slide Set with Cassette

SOURCE: March of Dimes, Puget Sound Chapter, 230 Securities Building, Seattle, WA 98101

COST: Filmstrip with cassette ($15.00), Slide set ($25.00).

ABSTRACT: "Outside My Mom" is the story of a breast-fed baby, "narrated" by the infant. The infant shares his experiences with the audience, describing his birth and how he and his mother adjust to their new life together. Along with his friends, he discusses issues regarding breast feeding and resolve some of the problems associated with lactation and nursing. This whimsical presentation emphasizes the positive qualities of the closeness which develops between infant and mother, and regards breast feeding as a pleasurable experience.

DESCRIPTORS: Audiovisual aids, Adult education, Prenatal education, Pregnant women, Breast feeding, Infant feeding, Childbirth, Infant development, Infant nutrition, Health education

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167 **Why Not Deliver Your Best, Program Aid No. 1305.**
USDA, DHHS, March of Dimes, 1981.

FORMAT: Poster (English)

SOURCE: USDA, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302

COST: Free.

ABSTRACT: Promoting behavior that increases a pregnant woman's chances of having a healthy baby is the goal of this poster. It depicts a healthy, happy mother and infant. Recommendations made for pregnancy are: 1) see a doctor regularly, 2) eat a nutritious diet, and 3) avoid drugs (unless prescribed by a doctor), alcohol, and cigarettes.

DESCRIPTORS: Audiovisual aids, Prenatal education, Pregnancy posters, Prenatal development, Diet planning, Medical services, Drugs, Tobacco smoking, Alcoholic beverages, Risks

CURRICULA/RESOURCE MANUALS

168 **Catalogue of Breastfeeding Publications, Publication No. 501.**
La Leche League International, 1985.

FORMAT: Catalogue (English)

SOURCE: La Leche League International Inc., 9616 Minneapolis Avenue, Franklin Park, IL 60131-8209

COST: Single copy free.

ABSTRACT: Professional and consumer publications, other resource materials on breastfeeding and other aspects of infant care are briefly described. Materials are categorized in the following groups: 1) breastfeeding, 2) special circumstances, 3) especially for professionals, 4) pregnancy and childbirth, 5) parents and parenting, 6) nutrition, 7) LaLeche League International, and 8) audiovisuals. Each item description includes the title, author, short description of contents, page length, size, order number, year of publication, and cost. Ordering instructions and a sample order form are provided; additional information is also included about LaLeche League membership, subscriptions, and services.

DESCRIPTORS: Reference works, Resource materials, Catalogues, Breast feeding, Consumer education

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169 **Healthy Mothers, Healthy Babies Coalition Directory of Educational Materials.**
Healthy Mothers Healthy Babies Coalition, 1985.

FORMAT: Book, 202 pages (English)

SOURCE: Healthy Mothers, Healthy Babies, 600 Maryland Avenue, S.W., Suite 300E, Washington, D.C. 20024-2588

COST: Single copy free.

ABSTRACT: A comprehensive collection of educational materials produced by government, professional, and voluntary organizations and agencies includes descriptions of available printed and audiovisual materials on maternal and infant care for the general public and health professionals. Listings of materials are arranged under each organization, together with a brief description of the organization's purpose and goals. All entries specify how to order the materials, many of which are free of charge. Topics include: prenatal care; normal pregnancy and delivery; infancy (up to 1 year); child care and growth; developmental problems and disabilities; parent education; workplace and environmental hazards affecting pregnancy; risk factors (alcohol, drugs, smoking); nutrition; breastfeeding; exercise; teenage pregnancy; genetic disorders; infant death syndrome; child abuse and neglect; safety of infant products; vital statistics; and family planning.

DESCRIPTORS: Reference materials, Health education, Maternal and child health, Mother-child relations, Educational resources, Directories, Public health, Federal programs

170 **Nutrition During Pregnancy and Lactation: A Nutrition Module for Secondary Schools.**
Connecticut Nutrition Education and Training Program, 1981.

FORMAT: Education Packet (English)

SOURCE: CNETP Publications, Department of Nutritional Sciences, University of Connecticut, U-17, Storrs, CT 06268

COST: $5.00.

ABSTRACT: The relationship between diet and a healthy pregnancy and breastfeeding as a natural extension of pregnancy are the major focuses of this nutrition program. Nutrients that are especially important during pregnancy and lactation (i.e., calories, protein, calcium, iron) and food sources of each are discussed. Special concerns and problems associated with pregnancy are identified. The module is divided into two parts, each consisting of five, 40-50 minute lessons appropriate for use in a number of different classes. Lesson topics include: 1) diet and teenage pregnancy, 2) personal values regarding pregnancy and health, 3) how a baby grows, 4) drugs, smoking, and alcohol consumption during pregnancy, 5) food is power, 6) protein, the bricks and mortar of life, 7) vitamins and minerals, 8) iron: the hard to get nutrient, 9) breastfeeding: the natural way, and 10) why breastfeeding? Objectives, a variety of learning activities, resources, handouts, discussion questions, and references are outlined for each lesson. A pre/post test can be used for assessing student knowledge of subject matter. A list of resources identifies appropriate textbooks, audiovisual aids, pamphlets and booklets, and community resources. Addresses and phone numbers are listed for regional educational service centers in Connecticut.

DESCRIPTORS: Teaching materials, Curriculum guides, Pregnancy, Breastfeeding, Connecticut, Nutrition, NET program

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171 **Nutrition Education Resource Guide: An Annotated Bibliography of Educational Materials for the WIC and CSF Programs.**
USDA, Food and Nutrition Information Center, 1982.

FORMAT: Book, 146 pages (English)

SOURCE: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402

COST: $6.00.

ABSTRACT: This resource guide to 346 evaluated print and audiovisual nutrition education materials has been developed to assist State and local staff of the Special Supplemental Program for Women, Infants and Children (WIC) and the Commodity Supplemental Foods Program (CSFP) in selecting, acquiring, and developing accurate and appropriate materials for nutrition education of WIC/CSFP participants. Each entry provides an abstract, appraisal, and descriptors as well as information on title, author, source, format, reading level (when applicable), availability and cost.

DESCRIPTORS: Nutrition, Bibliography, Abstracts, Section headings, Nutrition education

172 **Nutrition in Teenage Pregnancy: A Curriculum Guide.**
Nutrition Education and Training Program, University of Wisconsin, Madison, 1983.

FORMAT: Curriculum Book, 188 pages (English)

SOURCE: Wisconsin Department of Public Instruction, 125 S. Webster Street, Box 7841, Madison, WI 53707

COST: $4.00.

ABSTRACT: A curriculum guide composed of 13 lessons for pregnant teenagers is presented. The guide is designed to introduce nutrition through formatted activities which allow the teacher flexibility to address specific needs. The program can be integrated into other disciplines (e.g., language, spelling, home economics). The introductory lesson helps teachers assess the current level of nutrition knowledge. Included are a review of basic nutrition concepts, pre-test for lessons 1-13, and a student learning preference sheet. Lessons 1-9 explore the pregnant teenager's nutrition requirements. Lessons 10-13 discuss nutritional requirements during lactation and infant feeding. Each lesson contains: a focus statement, behavioral objectives, teacher notes, references, suggested activities, and supplementary materials. The appendix contains: an annotated bibliography, audio-visual aids, reprinted articles of special interest, and a food composition table.

DESCRIPTORS: Instructional materials, Secondary grades, Curriculum guides, Pregnant adolescents, Pregnancy and nutrition, Lesson plans, Learning activities, Teaching guides

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173 **Premature Parents: A Module on Nutrition and Teenage Pregnancy.**
Curriculum Research and Development Group, College of Education, University of Hawaii, 1984.

FORMAT: Curriculum book, 128 pages (English)

SOURCE: March of Dimes, 600 Kapiolani Boulevard, Suite 208, Honolulu, HI 96813

COST: $10.00.

ABSTRACT: Nutrition-related health problems associated with adolescent pregnancy are the focus of this curriculum module. It consists of student worksheets and a teacher's guide, which includes resource materials and specific activity guides. The teacher's guide outlines: 1) objectives, 2) materials, 3) suggested procedures, 4) questions and discussion topics, and 5) answer sheets appropriate for each activity. Three activities that comprise the unit: 1) "Laura's Baby," a comic book, introduces the nutrition-related health problems of teen pregnancy, 2) "I Am Born," a simulation game, explores the health, nutrition, and social problems of teenage pregnancy for both mother and baby, 3) "On My Own," introduces the economic difficulties of young parents without high school diplomas who are trying to support themselves and a young child. Students prepare a personal life timeline and examine how it would be affected by becoming parents at 16 years of age. The students explore finding a job, finding a place to live, and also develop and evaluate a budget that will completely support themselves for a month. An optional pre-post test and answer key are included.

DESCRIPTORS: Teaching materials, Curriculum guides, Pregnant adolescents, Economic impact, Family budgets

174 **Teenage Pregnancy: A New Beginning.**
New Futures Inc., 1979.

FORMAT: Book, 90 pages (English/Spanish)

SOURCE: New Futures Inc., 2120 Louisiana N.E., Albuquerque, NM 87110

COST: $10.00.

ABSTRACT: Abstract not obtainable, see the Introduction.

DESCRIPTORS:

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175 **What Every Teenager Should Know About Nutrition.**
Child Health and Disability Prevention Program, 1983.

FORMAT: Curriculum Book, 235 pages (English/Spanish)

SOURCE: Child Health and Disability Prevention Program, 976 Lenzen Avenue, San Jose, CA 95126

COST: $20.00.

ABSTRACT: A curriculum covers 10 study units and 27 lessons for pregnant teenagers, school-age parents, and the general adult population concerning a variety of aspects on nutrition. The study units include nutrition education information on: nutritional needs during adolescence (considering general health, sports, weight control, dental health, and snacks); food labels; preparing and storing fruits and vegetables; school meals and reimbursable school meal requirements; nutritional needs during pregnancy for the mother, fetus, and newborn infant; early growth rates through 36 months of age; breast vs. bottle feeding, and facts on lactation; infant nutritional needs and nutritional management; and nutritional guidance for children through age 12. In practice, each lesson in the curriculum contains an audio-visual, a study guide handout, and supplementary pamphlets. Answers are included for tests in the study guide handouts for each lesson. Recipes for snacks and weekly quizzes and answers are appended.

DESCRIPTORS: Instructional materials, Curriculum guides, Secondary grades, Adolescents, Nutrition education, Nutrient requirements, Pregnant adolescents, Basic nutrition facts, Guidelines

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176 **Working With Childbearing Adolescents.**
New Futures Inc., 1982.

FORMAT: Book, 150 pages

SOURCE: New Futures Inc., 2120 Louisiana N.E., Albuquerque, NM 87110

COST: $10.00.

ABSTRACT: Abstract not obtainable, see the Introduction.

DESCRIPTORS:

APPENDIX A: QUESTIONNAIRES

Name: _____ Phone _____

NUTRITION REFERENCES QUESTIONNAIRE

DIRECTIONS

Please cite the best (most informative and useful) references you have identified for each topic listed in the spaces provided. We understand that not all respondents will have excellent references on each topic. If possible, PLEASE CONSULT WITH YOUR COLLEAGUES; otherwise, leave it blank.

Fill in the complete citation, including name of the first author, title, journal or publisher, year, volume, and inclusive page numbers.

Please return this questionnaire, using the label provided.

1. OVERVIEW OF TEENAGE PREGNANCY:

_____

_____

_____

_____

2. PHYSICAL MATURATION & DEVELOPMENT OF ADOLESCENTS:

_____

_____

_____

_____

3. PHYSIOLOGY OF TEENAGE PREGNANCY:

_____

_____

_____

_____

4. PSYCHO-SOCIAL DEVELOPMENT OF ADOLESCENTS:

_____

_____

_____

_____

5. PSYCHO-SOCIAL ASPECTS OF TEENAGE PREGNANCY:

6. PRENATAL WEIGHT GAIN:

7. FOOD HABITS OF ADOLESCENTS:

8. NUTRITIONAL NEEDS/RECOMMENDATIONS FOR PREGNANT TEENS:

9. COMMON DISCOMFORTS DURING PREGNANCY:
(i.e., nausea, vomiting, constipation, heartburn)

10. NUTRITION-RELATED PROBLEMS DURING PREGNANCY:
(i.e., anemia, pregnancy-induced hypertension, diabetes)

11. SUBSTANCE USE AND ABUSE DURING PREGNANCY:

12. EXERCISE DURING PREGNANCY:

13. FOOD HABITS OF ETHNIC GROUPS:

14. MANAGEMENT OF SPECIAL DIETS: (i.e., vegetarian, diabetic, PKU)

15. NUTRITIONAL ASSESSMENT TECHNIQUES OF PREGNANT TEENAGERS:

16. TEENAGERS AND LACTATION:

17. INFANT FEEDING RECOMMENDATIONS:

18. NUTRITION EDUCATION APPROACHES FOR PREGNANT TEENAGERS:

19. COUNSELING STRATEGIES FOR PREGNANT/NON-PREGNANT TEENAGERS:

20. COMMUNITY RESOURCES FOR PREGNANT TEENAGERS:

21. MODELS OF SERVICE FOR PREGNANT TEENAGERS:

22. OTHER RELATED AREAS:

Name: _____ Phone # _____

NUTRITION EDUCATION MATERIALS FOR USE WITH ADOLESCENTS

DIRECTIONS:

Include printed materials and AV materials. Please fill out a separate form for each title submitted. These materials should be useful in educating or counseling teenagers about pregnancy. They can be materials you or your agency have developed or materials developed elsewhere which you have used with teens. We need to have a review copy of materials submitted with this form.

Elizabeth McNamara, M.S.
Adolescent Health Program
D-136 Mayo Memorial Building
Minneapolis, Minnesota 55455
Phone #: (612) 376-8413

TITLE: _____

DATE DEVELOPED: _____

AUTHOR(S): _____

PROGRAM/AGENCY: _____

TARGET AUDIENCE: _____

OBJECTIVE: _____

LANGUAGES: _____ READABILITY: _____

AVAILABILITY FOR DISTRIBUTION: _____

MAILING NAME & ADDRESS FOR ORDERS: _____

_____

_____

COST PER UNIT: _____

TITLE: _____

DATE DEVELOPED: _____

AUTHOR(S): _____

PROGRAM/AGENCY: _____

TARGET AUDIENCE: _____

OBJECTIVE: _____

LANGUAGES: _____ READABILITY: _____

AVAILABILITY FOR DISTRIBUTION: _____

MAILING NAME & ADDRESS FOR ORDERS: _____

_____

_____

COST PER UNIT: _____

****

TITLE: _____

DATE DEVELOPED: _____

AUTHOR(S): _____

PROGRAM/AGENCY: _____

TARGET AUDIENCE: _____

OBJECTIVE: _____

LANGUAGES: _____ READABILITY: _____

AVAILABILITY FOR DISTRIBUTION: _____

MAILING NAME & ADDRESS FOR ORDERS: _____

_____

_____

COST PER UNIT: _____

APPENDIX B: EVALUATION TOOL

NUTRITION EDUCATION MATERIALS EVALUATION WORKSHEET

Date _____

Evaluator _____

I. TITLE:

II. AUTHOR:

III. PUBLISHER/DATE:

IV. SOURCE:

V. COST: _____ each; _____ per _____ (bulk price)

VI. FORMAT:

Print — Number of pages ____

___ Single sheet
___ Pamphlet (4p. or less)
___ Booklet
___ Comic book
___ Workbook
___ Flipchart
___ Poster
___ Other (e.g., newsletter/text)
_____
___ Lesson plan
___ Leader's guide

Audiovisuals — Number of slides, length of film, etc. _____

___ Film
___ Slides
___ Filmstrip(s)
___ Transparencies
___ Videotape
___ Record
___ Audiocassette(s)
___ Other _____
___ Learning kit
___ Game

VII. READING LEVEL/LANGUAGE:

___ Grade reading level
Sentences/100 words _____
Syllables/100 words _____
___ Minimal text
___ Other _____
___ English
___ Spanish

VIII. ETHNIC ORIENTATION:

___ Hispanic
___ Native American
___ Caucasian
___ Black
___ Asian
___ Indiscernable
___ Other

IX. TARGET AUDIENCE

___ Pregnant adolescents
___ Pregnant adult women
___ Breastfeeding mothers
___ Postpartum mothers
___ Health professionals/educators
___ Paraprofessionals
___ Other staff

X. INTENDED USE

____ Self-instruction/handout
____ Outreach/program information
____ Teaching tool for nutrition counseling
____ Guide for staff to teach participants
____ Group instruction

XI. OBJECTIVE RATING

	Superior	Adequate	Poor
1. Format (print materials only)			
a. Attractive format/layout	____	____	____
b. Purpose or overall use of illustrations	____	____	____
c. Print size (client materials only)	____	____	____
d. Paper quality	____	____	____
e. Illustrations, etc. with textu al references	____	____	____
f. Clear tables and charts	____	____	____
2. Readability (print materials & scripts only)			
a. Reading level ( )	____	____	____
b. Writing approach and style	____	____	____
c. Non-circular definitions for technical words	____	____	____
3. Stereotyping			
a. Written or illustrated minority representation	____	____	____
b. Alternate lifestyles	____	____	____
c. Socioeconomic	____	____	____
4. Content			
a. Applicable for adolescents	____	____	____
b. Content is current and accurate	____	____	____
c. Logical organization	____	____	____
d. Key points emphasized	____	____	____
e. Objective presentation (Brand names or sponsor product/point of view)	____	____	____
f. Completeness of topic coverage	____	____	____
5. Instructional Aids (print materials only)			
a. Chapter or paragraph headings	____	____	____
b. References and resources	____	____	____
c. Experiences, questions, projects	____	____	____
6. Instructional Guidance			
a. Objectives (materials that guide staff, only)	____	____	____
b. Time requirement	____	____	____
c. Teaching approach	____	____	____
d. Evaluation	____	____	____
e. Background information	____	____	____

7. Audiovisuals

a. Length of presentation	_____	_____	_____
b. Subjectmatter permanence	_____	_____	_____
c. Manner of presentation	_____	_____	_____
d. Visual appeal	_____	_____	_____
e. Auditory appeal	_____	_____	_____
f. Overall appeal	_____	_____	_____
g. Technical quality	_____	_____	_____
h. Ease of use	_____	_____	_____

XII. APPRAISAL:

XIII. DISPOSITION:

___ Use
___ Reject if on Objective Rating (Section XI) more than 3 items are poor
___ Content (XI-4) is poor
___ Other _____

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